BURGH OF MOTHERWELL AND WISHAW

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1922-1924

By

H. STANLEY BANKS

M.A., M.B., Ch.B., D.P.H. (Camb.)

Medical Officer of Health

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MOTHERWELL:

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Medical Officer of Health, ... H. STANLEY BANKS, M.A., M.B., CH.B., D.P.H.
Tuberculosis Officer & Assistant Medical Officer of Health, T. SCOTT BRODIE, M.B.,C.M.
Sanitary Inspector, ... JAMES CURRIE.
Assistant Sanitary Inspectors, ... 3
Supt. of Health Visitors, ... Miss A. M. FRASER.
Nurse Health Visitors (half time), ... 16
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BURGH HOSPITAL, MOTHERWELL, (Infectious Disease).

Medical Superintendent, ... Dr H. STANLEY BANKS.
Matron, ... Miss STEWART.
Sisters, ... 3
Nurses, ... 21
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Matron, ... Miss JENNER.
Nurses, ... 13
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CARNEGIE CHILD WELFARE CENTRE, MOTHERWELL

MEDICAL STAFF

Medical Superintendent. ... Dr H. STANLEY BANKS, Medical Officer of Health.
Medical Officer for Mother and Child Consultations and for General Clinics.

X-Ray Clinic, ...	Dr T. SCOTT BRODIE,
Ringworm Clinic, ...	Tuberculosis Officer and
Tuberculosis Dispensaries, ...	Assistant Medical Officer of Health.
Ear, Nose and Throat, ...	Dr JAMES ADAM.
Ophthalmic Clinic, ...	Dr JOHN A. MORTIMER.
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Anaesthetist, ...	Dr C. M. FLEMING.

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Tuberculosis Nurse, ...	Miss MILNE.
Clinic Sister, ...	Miss HOPE.
Clinic Staff Nurse, ...	Miss QUAIL.
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VOLUNTARY WORKERS—

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(Conducted by Lanarkshire Education Authority).

Instructor, ...	Miss JACK.

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Matron, ...	Miss KERR.
Sister, ...	Miss HARKINS.
Staff Nurses, ...	2
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PREFACE

The Annual Health Report is written by the Medical Officer of Health under instructions received from the Scottish Board of Health.

The last published Annual Report was that for the year 1921.

It was not found possible to issue separate reports for the years 1922 and 1923 owing to the large amount of additional work devolving upon the Medical Officer of Health in consequence of the construction, equipping and organising of the Carnegie Model Child Welfare Centre for Scotland, and the Maternity Home, both of which institutions were opened in 1923. Even yet, in the absence of an Assistant Medical Officer for Child Welfare, it is under circumstances of considerable difficulty that the present report, covering the three-year period 1922-24, has been compiled.

Vital Statistics

(a) POPULATION, AREA, and DENSITY. The population at the Decennial Census of 1921 was 68,869.

The police census of the population in 1924 was 67,652. The natural increase of the population has evidently been more than outbalanced by the very considerable amount of emigration which has occurred during the years under review.

Birth rates, death rates, etc., are based on the higher figure of the population as estimated by the Registrar-General, namely, 71,057 for the year 1924. Consequently, the vital statistics are probably, in reality, slightly higher than they are stated to be in this report.

The area of the Burgh is 2,578½ acres, and the density is 26.2 persons to an acre.

(b) BIRTH RATE. In 1923, the number of births was 1745 and the birth rate 24.8, which is the lowest birth rate to be found in the available records of the Burgh or Burghs. In 1924 the birth rate was 24.9 per 1000 of the population.

(c) DEATH RATES. In 1922 the corrected death rate stood at 15.0 per 1000, the highest death rate since 1910. This was followed in 1923 by the lowest corrected death rate on record, namely, 10.7 per 1000. In 1924 the figure was 12.9.

The high death rate of 1922 was principally due to a great epidemic of measles, which, in that year, wiped out 102 children. The respiratory diseases, Influenza, Bronchitis and Pneumonia

also accounted for a higher number of deaths than usual in 1922, namely, 274. Apart from these very serious blots, the other causes of death generally shew a decrease.

The Infant Mortality Rate followed the same source as the general death rate, and on account of Measles and respiratory diseases, reached the high figure of 116 per 1000 births in 1922. As a reaction to this, in 1923, the figure of 68 per 1000 births was reached, the lowest Infant Mortality figure ever recorded. In 1924, however, this rate rose to 98. On an average, therefore, the Burgh cannot yet boast of a more favourable Infant Mortality figure than some 9 per cent. of all births.

The Tuberculosis Mortality rate was, in 1924, 1.06 per 1000 of the population, and was the lowest of a progressively diminishing series of death rates from Tuberculosis ever recorded—a fact which, considering the unfavourable housing conditions, appears to be a remarkable tribute to the Public Health measures employed.

Housing

The great gravity of the housing problem tends now to be accepted on all hands, and the difficulty at the moment is to devise adequate means to overcome it.

In 1922, on the instructions of the Housing Committee, I made a rapid survey of the houses in the Burgh, in conjunction with the Sanitary Inspector, and reported 713 houses as being in our opinion unfit for human habitation. This list was not intended to be quite exhaustive but to serve as an indication of the extent of the evil. On the information so submitted, the Local Authority resolved to erect 130 houses of 2 apartments, scullery and bathroom, by way of a slum clearance scheme. This was, of course, in addition to the Housing Schemes of 3-5 apartment houses already undertaken at North Lodge, Jerviston and Coltness. Reference to Section VI., page 77, shews that the number of new houses occupied during the three years under review, amounted to 494. In 1924, there were in course of erection 298 houses, and tenders were approved for 88 houses. At the time of writing, offers for 56 houses are in hand, and plans are in course of preparation for a town-planning scheme of 332 houses.

While this appears to be a fair contribution to the solution of the problem for the period, the inadequacy of this rate of new building to meet the situation should be kept clearly in mind. In the report of the Registrar-General on the Census

of 1921, many facts of great interest relating to housing conditions and to overcrowding of houses in the Burgh are brought to light.

A general bird's-eye view of the distribution of the population in houses of each size may be obtained from the following table. It will be seen that 72.3 per cent. of the population live in houses of one or two apartments.

NUMBER OF HOUSES OF EACH SIZE AND DISTRIBUTION OF POPULATION IN THEM.

	No. of occupied houses of	Percentage of houses of	Population living in houses of	Percentage of population living in houses of
1 Room. ...	3000	22.9	13,229	19.2
2 Rooms. ...	6817	51.9	36,587	53.1
3 Rooms. ...	2111	16.1	11,693	17.0
4 Rooms. ...	561	4.3	2,965	4.3
5 Rooms. ...	215	1.6	1,028	1.5
6 Rooms. ...	173	1.3	841	1.2

DENSITY OF OCCUPATION OF HOUSES.

In the Census Report for 1921, the following comparative figures are found:—

Average number of persons per 100 rooms in Motherwell and Wishaw and other areas—

Motherwell and Wishaw, ...	229
Other Areas—	
Hamilton, ...	211
Coatbridge, ...	241
Middle Ward of Lanarkshire, ...	215
Glasgow, ...	179
Armadale, ...	262

Of all County Districts and Burghs in Scotland the Burghs of Armadale and Coatbridge alone have a greater average number of persons per room than Motherwell and Wishaw.

OVERCROWDING.

The Medical Officer of Health for Glasgow in his Annual Report for 1923 points out that the Registrar General for England adopts a standard of 2 persons per room as the limit of healthy occupancy. Dr Chalmers remarks, however, that, as the houses in Scotland generally have larger rooms, the standard of more than 3 persons per room might be considered in Scotland a fair indication of overcrowding. The number of houses so overcrowded in the Burgh may be obtained from the 1921 Census Report, Table 27, by adding together the number of one-apartment houses having more than 3 inmates, the number of two-apartment houses having more than 6 inmates, the number of

three-apartment houses having more than 9 inmates, and so on. Thus the following table is obtained:—

NUMBER OF HOUSES OVERCROWDED.

(More than 3 persons per room).

Persons per room	4—6	7—9	10—12	More than 12	Total houses
Houses of 1 apartment, ...	1436	444	31	—	1911
Houses of 2 apartments, ...	—	1635	430	5	2070
Houses of 3 apartments, ...	—	—	170	3	173
Houses of 4 apartments, ...	—	—	—	3	3
Total Houses, ...	1436	2079	631	11	4157

Thus the houses overcrowded according to the standard of 3 persons per room number 4157 or 33 per cent. of the total houses of 1-4 apartments in the Burgh.

In a similar way, the number of persons in the Burgh, living in overcrowded conditions, according to this standard may be calculated, and it is found to amount to 44.5 per cent of the population.

PERSONS LIVING IN OVERCROWDED HOUSES.

(More than 3 persons per room).

Persons living (per room).		Percentage of population living per room.	
3-4	more than 4.	3-4	more than 4.
13,758	16,276	20.4	24.1

FAMILIES IN SUB-LET ROOMS.

An attempt was made in the Annual Report for 1921 to estimate the number of families living in sub-let rooms in the Burgh on the information obtained from the notifications of births for the year. While such an estimate is liable to considerable error, it may perhaps be put forward tentatively, in the absence of any more accurate enumeration. The magnitude of the figures suggests a considerable increase in this most unsatisfactory mode of living, and this, I may say, corresponds with the general impression obtained by the staff of the Health Department in the course of the daily routine. That the number of sub-lets is high is not surprising when we consider that the common practice of newly wed couples nowadays is to commence and often continue their married life in a room of a house rented by some relative.

The calculation is made thus: Out of 1881 births notified during 1924, there occurred 492 in sub-let rooms. Assuming that the houses in which births occurred during the year represent a fair sample of the whole of the houses of the town, and applying the above proportion to the 13,965 inhabited houses in the Burgh, we may estimate the number of families living in sub-let rooms as 3,652. If we allow a margin of error of 10 per cent., the number of families living sub-let rooms in the Burgh may be taken to be, in round figures and on a conservative estimate, 3,300.

TUBERCULOSIS AND HOUSING.

The relation of the smaller house to the spread of Tuberculosis is a point of great interest. In the following table, the notifications of Tuberculosis of all forms have been classified according to the size of the house for the four-year period 1921-1924. In a parallel column are set out the percentage of these notifications according to size of house; and for comparison, the percentage of the whole population living in various sizes of houses is given. Thus: -

TUBERCULOSIS NOTIFICATIONS, 1921-1924.

Percentage incidence according to size of house.

	Cases.	Per Cent.	Percentage of population living in house of sizes quoted (1924).
1 apartment, ...	293	35.4	19.2
2 apartments, ...	376	45.4	53.1
3 ,, ...	101	12.2	17.0
4 ,, and up,	32	3.8	7.0
Institutions, ...	26	3.1	—
	828	99.9	—

The outstanding fact brought out by the above table is that 19 per cent. of the population living in one apartment houses contributed 35 per cent. of the notifications of Tuberculosis for the period. Does this fact not suggest either that the one roomed house (associated as it is here with overcrowding) aids the spread of infection, or so weakens resistance that the inmates fall a victim much more readily to the disease? In any case it is probably well worth while recording the fact that for inmates of one-roomed houses, the chance of contracting Tuberculosis is almost doubled as compared with inmates of larger houses.

CLOSURE OF HOUSES.

Towards the end of 1924, it was decided to proceed with Closing Orders in certain slum houses, in anticipation of a number of new two-apartment houses being ready for occupation.

In one group of houses, namely, Nos. 84-127 English Buildings, Craigneuk, intimation was made that the Closing Order would be opposed. For the purposes of the proof the following statistics relating to this property were taken out, in order to shew, if possible, the unhealthy character of the population living in them.

Year 1924	Nos. 84-127 English Buildings, Craigneuk	Whole Burgh
Population, ...	373 ...	70,000 (approx.)
Crude Death Rate (per 1000 of the population),	26.5 ...	11.2
Infant Mortality Rate (per 1000 Births), ...	167 ...	98
Pneumonia Notification Rate (per 1000 of population), ...	26.8 ...	7.5
(1921-1924) Pulmonary Tuberculosis Notification Rate (per 1000 of population, ...	32.2 ...	5.8

The area is, of course, a small one, and the figuers are small, but the death and disease rates here shewn for the slum property are so uniformly high that little doubt can exist as to the unhealthy character of such overcrowded slums, and of the burden to be borne by the community in dealing with their effects on health.

Infectious Diseases,

In the Annual Report for 1921, it was shewn that in consequence of the resolution of the Town Council authorising the treatment of Infectious Diseases from the whole Burgh in Motherwell Hospital, the accommodation in this Hospital required to be increased. In 1923, the Town Council proceeded with the erection of (1) an Isolation Pavilion of 20 beds, (2) a Caretaker's House and Enquiry Room, (3) a Medical Superintendent's House, and (4) the addition of nine nurses' bedrooms to the Administrative Block. The site for these extensions was the subject of prolonged negotiation with the County Authority. The negotiations for an exchange of ground which, in our view, would have been advantageous to both parties, having proved abortive, the Town Council was forced to consider the question

of extension of the Hospital on the south side of Airbles Road, on the ground acquired for the purpose in 1914. It was found, however, that the risk of mineral subsidence on this ground was very serious, and ultimately, it was agreed to enclose within the Hospital ground an area of two acres of the Public Park for the purpose. By arrangement with the Duke of Hamilton's Trustees, a corresponding area on the East side of Avon Street was added to the Public Park to replace that taken over by the Hospital.

At the close of the period under review the buildings had not yet been completed.

PNEUMONIA. Acute Primary Pneumonia and Acute Influenzal Pneumonia were added to the list of Notifiable Infectious Diseases in 1919, and at the close of 1923, the Local Authority, by special resolution, made all forms of Pneumonia compulsorily notifiable. The growth of the demand for hospital accommodation for Pneumonia is shewn in the following table:—

PNEUMONIA HOSPITAL TREATMENT.

Year.	Cases Notified.	Verified cases treated in Motherwell Hospital.
1919 ...	63 ...	7
1920 ...	216 ...	28
1921 ...	151 ...	25
1922 ...	315 ...	32
1923 ...	213 ...	50
1924 ...	531 ...	100

At the present time it is impossible to accommodate all cases for whom hospital treatment is required.

MEASLES AND WHOOPING COUGH. In 1923, the Scottish Board of Health intimated that a special grant was available towards the cost of control and treatment of these diseases. In 1924, they called upon the Local Authority to submit proposals for the purpose, under the heads of (1) Notification, (2) Health Visiting of notified cases in their homes, and (3) Hospital treatment of serious or badly-housed cases. These matters are still under consideration, and it is recognised that in order to deal adequately with the deaths and permanently crippling disabilities resulting from these Infectious Diseases, a further scheme of Hospital extension will be necessary. In the body of the Report (page 29) there is a statement of the deaths resulting from Measles and Whooping Cough for some years: but in the absence of precise information, no statement

can be made of the crippling after effects or "damage rate" of these diseases, although we know that they continue to undermine seriously the health of many children.

MATERNITY & CHILD WELFARE

One of the most important Public Health measures of the period under review was the opening of the Carnegie Model Maternity and Child Welfare Centre for Scotland at Motherwell, and also the Maternity Home, Motherwell, in June, 1923.

The Carnegie Centre was the outcome of a gift of £15,000 (later increased to £18,000) from the Carnegie United Kingdom Trust, and was erected in Motherwell to serve as a model Child Welfare Centre for Scotland, at a cost of approximately £24,500. Its activities were summarised in a report which I issued to the Trustees early in the present year as follows:—

CARNEGIE MODEL CHILD WELFARE CENTRE.

SCOPE OF WORK. The work done may be classified into three groups, as follows:—

(I) SOCIAL AND EDUCATIONAL. This side of the work includes the following activities: (a) Child Welfare consultations, (b) Ante-Natal consultations, (c) Classes on "domestic cookery" and "cutting out," (d) Voluntary Workers' department, which includes the sale of special foods, dried milk, etc., at cost price or under, and the making and supply of approved garments for infants, sale of patterns, etc., (e) Playground and Nursery, (f) Public Lectures on Child Welfare and Health Topics, (g) Supply of food and milk, (h) Dinners to expectant and nursing mothers.

(II) TREATMENT CLINICS. The Clinics which have been in operation during the period are as follows: (1) Dental Clinic, (2) Ear, Nose and Throat Clinic, (3) Eye Clinic, (4) General (minor ailments and skin diseases chiefly), (5) Ringworm Clinic, (6) X-Ray Department, (7) Artificial Sunlight Clinic.

In connection with all these an operating theatre and small ward is provided, and operations involving not more than one night's residence in the institution are carried out.

(III) ADMINISTRATION. The administrative work done includes that of the Centre itself in all its departments, that of the Maternity Home adjoining, and that of all Child Welfare work carried out by the Health Visitors in the homes of the people.

I. SOCIAL AND EDUCATIONAL.

(a) Child Welfare Consultations. (b) Ante-Natal Consultations.

The annexed Table 1 shews the extent to which the building is used as a Centre for advice to expectant and nursing mothers, and children up to the age of five years. During the year 1924 there were 4,986 attendances of mothers and children on Tuesday and Thursday afternoons, the days set aside for such consultations. Of this number, 1,219 were seen in consultation by the Medical Officer in charge of the Centre. The resources of the staff were considerably strained in dealing with these numbers, and in many instances the session extended to four and even five hours' duration. While the nursing staff was adequate for the work, it became very obvious that the Medical Officer of Health had not his time sufficiently free to give that full attention to the consultations which their importance warrants. In particular this was seen in connection with ante-natal consultations. It was not found possible to have a separate session for ante-natal consultations, with the result that the work done in this respect has been very meagre, there being not more than 34 consultations during 1924. In this connection it may be said that the Local Authority has considered the appointment of an Assistant Medical Officer, chiefly for Child Welfare purposes, and agreed in September, 1924, to make an appointment. The matter is still, however, sub judice, as the Scottish Board of Health had the matter of the approval of the salary of the proposed Assistant still under consideration at the end of the year.

(b) Area served by the Centre. Normally mothers come readily from all parts of the Motherwell and Craigneuk areas to the Centre, that is, up to a radius of 1½ to 2 miles from the Centre. A considerable number now come from the Wishaw area, as the Centre in that district is small and unsatisfactory. In addition, there were approximately 130 applicants for advice from the surrounding county areas. Those came varying distances from 2 to 5 miles.

(c) Classes in Cookery and Cutting Out. A weekly class in those subjects was conducted in the winter of 1923-24, and also in the winter of 1924-25 by a teacher appointed by the Education Authority. The class was held in the afternoon, and mothers in actual attendance at the Centres were pupils. The scheme of work covered the simplest of domestic cookery, and needlework of a kind calculated to be of the greatest use in the poorer households, e.g., altering and making down garments, etc. During 1923-24 the number attending classes was 33, and the number of attendances, 221. The figure was not so high as might be expected. It is to be noted that working-class mothers with young infants and children are often unable to attend such

classes owing to their household duties, varying times at which the husband comes home for meals under the three-shift system, and also to sickness, etc.

(d) Voluntary Workers Department. Under the leadership of Mrs R. Grieve, Motherwell, this department was active and useful. During the first six months of 1924, 350 garments were made and distributed, and in the sale of dried milk and various special foods suited for infants and children, Cod Liver Oil, etc., the turn-over for the year 1924 was £643 18s 7d.

(e) Playground and Nursery. It has not been found possible to utilise this department to any great extent. The play-ground is situated in the quadrangle of the building and has been used in the summer time by children attending the Centres and Clinics. Organised play at definite hours could not be arranged owing to difficulties in obtaining the staff necessary, and also owing to the unfavourable weather of 1924. The nursery was used to a small extent by older children in attendance at the Centre, but its range of usefulness was not found to be very great, and towards the close of 1924, when a room had to be found for the installation of an artificial sunlight apparatus, the nursery was chosen as the room which could best be adapted for the purpose.

(f) Public Lectures. Three public evening lectures were held in the early part of 1924 on the Preventive Aspect of Throat, Nose and Ear Diseases of Children, of Eye Diseases of Children, and of Dental Disease respectively. The lecturers were the specialists in charge of the respective clinics. Both lantern and cinema were used on these occasions. In addition, a series of six evening lectures was given in November and December by Miss J. B. N. Paterson, R.S.N., A.R.S.I., of Glasgow, on the "Truby King (New Zealand) System of Child Welfare." The first of those was a public lecture with lantern illustrations, and the remaining five were lectures and demonstrations to nurses on the details of the system. All these lectures met with a fair measure of success, but it must be said that it is difficult to gather together a large audience for such a purpose at the present time. In order to develop this educational work an extensive publicity campaign would be required, and it would be essential to have the active co-operation of all existing organisations, societies, committees, and other public bodies interested; and the co-operation of the Press, too, is essential. It was not found possible to undertake such an extensive health campaign with the limited staff at our disposal.

(g) Supply of Food and Milk. The supply of milk to expectant and nursing mothers and children up to the age of two years was continued as in former years by the issue of lines to the usual milk retailer (in nearly all cases the local Co-operative

Society) for the issue of milk daily. It was unfortunately impossible to arrange for a supply of graded or pure milk for this purpose, since the local supply of grade "A" Tuberculin tested milk or certified milk is very limited. Even if it were obtained in quantity at the Centre the difficulty of distribution would be very great. The milk used in the Institution itself is of grade "A" quality.

(h) Dinners to Expectant and Nursing Mothers. A start was made with the provision of dinners in March, 1924, and during the ten months, 2,387 dinners were supplied. The dinners are cooked in the kitchen of the Maternity Home adjoining, and served in the demonstration room of the Centre. There is no doubt that the provision of dinners to necessitous expectant mothers, who otherwise would have in their diet an undue proportion of bread, margarine and tea, is beneficial both to the mother and the child. The chief difficulty involved in providing such dinners at a Centre is the distance to be travelled daily by the recipients. In practice it was found that only those living within about one mile of the Centre availed themselves of this provision.

(II.) TREATMENT CLINICS. The annexed table shews the amount of work done at the various treatment clinics. It is obvious from the figures given that a considerable amount has been done to remedy defects in childhood, which, if untreated, would inevitably lead to unfitness in later life. The cost of this department was fairly high, both in material and in medical and nursing attendance. The clinics are conducted by specialists in each subject, and the quality of the treatment given is of a very high order. A great defect in this department is the fact that treatment cannot be extended to school children unless by special arrangement with the Education Authority. Such an arrangement has been made in the case of the Ear, Nose and Throat Clinic, but it was not found possible to secure co-operation in any of the other departments. This is unfortunate, as the cost per case treated would be considerably reduced by arranging combined clinics with the Education Authority as suggested.

(i) Artificial Sunlight. This Clinic commenced in November, 1924, chiefly for the treatment of rickets, which has been found very prevalent in this industrial area. Two large naked carbon arc lamps of 30 amps. capacity together with a "Bach" mountain sun mercury-vapour lamp for ultra violet rays were installed at a cost of just over £100. During the five weeks in which the lamps were in operation 144 attendances were registered. It is too early to speak of results, but all the indications, so far, are exceedingly encouraging. It is hoped that rickets

will be rapidly cured, non-pulmonary tuberculosis alleviated, and that the tonic effect of the light baths will be of great advantage to many children who suffer from deprivation of their due share of sunlight owing to the climate and to the surroundings in which they live.

Consultation and Treatment Clinics to 31st December, 1924

	NAME OF CLINIC								MAT. & C.W CENTRES		
	Ear, Nose and Throat	Ophthalmic	Dental	General (including skin)	Artificial Sunlight	Ringworm	X-Ray	Tuberculosis	Attendances	Consultations	Dinners to Nurs. & Expect. Mothers
Cases	247	268	210	206	—	—	—	—	—	—	—
Attendances	847	1088	391	1508	144	248	194	2108	4986	1219	2387
Operations (General Anæsthetic)	161	25	88	—	—	—	—	—	—	—	—

(III.) ADMINISTRATION. The amount of record work involved in the various clinics and Centres entails a large amount of clerical labour, and extensive card-index files are kept. Payments for treatment received also makes necessary considerable clerical work, particularly owing to the various categories under which the persons receiving treatment must be grouped. Different standards of payments must be assigned to the Maternity and Child Welfare group, school group, parish group, and "others," and again, the amount which may be charged is dependent upon the economic circumstances of the patient. The necessary inquiries undertaken renders administration complicated and arduous. The difficulties of administration of this institution have strikingly shewn the need for unification of health sevices.

(IV.) General—Staff. The list of the staff of the Centre is appended. As previously stated, the chief difficulty is the lack of an Assistant Medical Officer of Health for Child Welfare, whose duties would include attendance at the various consultation Centres, the conducting of a special ante-natal clinic, and giving of anaesthetics, and the supervision of the clinical work of the Centre other than that actually carried out by the specialists.

USE MADE OF OBSERVATION BEDS. The small ward provided in the Centre accommodates eight cots. These have been used for accommodating patients for one night after operation at the Centre. They are almost exclusively used in connection with operations for the removal of tonsils and adenoids. They have not been used as observation beds for infants suffering from malnutrition, enteritis, etc., as it has been found more convenient, owing to staffing and other matters, to arrange for observation and treatment of such cases at the Burgh Hospital, which is situated within half a mile of the Centre.

DEFECTS OF ACCOMMODATION AND PLANNING. These are of minor importance. The institution has been found wonderfully well adapted to the purposes for which it was planned, and has been of very great value in the district. There are perhaps three minor faults which have emerged in this respect. (1) the weighing rooms are rather small; it is found that they are not quite large enough to accommodate the number of cases necessary to secure a free stream of patients into the consulting room. (2) The milk demonstration room has been found to be unnecessary for that specified purpose, since such demonstrations are best given in the homes with the mothers' own household utensils: this room, however has been of great service as a store and depot, and is so used by the Voluntary Workers for the sale of dried milk, etc. (3) The two doors placed in front of the building have not so far been found to be necessary; one large door in the centre of the building would have been more convenient, of better appearance, and would have saved a certain amount of space.

H. STANLEY BANKS.

Public Health Office,
Motherwell, February, 1925.

PREVALENCE OF RICKETS. In view of the great interest now being shewn in the subject of Rickets and of the recent advances made in the treatment of the disease by the use of vitamin-containing foods, and by the use of light, natural or artificial, an attempt was made during the year 1924 to obtain some idea of the prevalence of Rickets in this district. All cases seen by the Medical Officer of Health at the Child Welfare consultations, between the ages of six months and three years, were specially examined for signs of Rickets, and those in whom definite signs were discovered amounted to 54.6 per cent. of the total. This serves as an indication of the extent of the disease prevailing amongst an unselected number of more or less ailing children of the industrial class.

The significance of Rickets lies not only in the deformity of bones which it produces (although that is a vast problem in itself) but far more in the weakening effect which it has on the whole bodily constitution. It is chiefly Rickets which makes so formidable the problem of infectious diseases like Measles and Whooping Cough. Pneumonia, Bronchitis, Diarrhoea and Enteritis in children are much more prone to occur and to be fatal in cases weakened by Rickets than in normal children. The pressing problem of the mortality from Measles and Whooping Cough is thus also intimately bound up with the problem of the prevention and cure of Rickets. The following statistics are of interest:—

New cases (between the ages of six months and three years) seen by M.O.H. at Child Welfare consultations, ...	247
No. of such new cases seen with signs of Rickets,	135
Percentage, Do. do. do.	54.6%
No. of old cases seen with signs of Rickets, ...	34
No. of cases seen with signs of Rickets—	
Under 6 months, ...	5
Over 3 years, ...	14

MATERNITY HOME.

The Maternity Home, Airbles Road, Motherwell, erected at a cost of approximately £19,000, on a site immediately adjoining that of the Carnegie Child Welfare Centre, was opened on June 16, 1923.

The Home accommodates 15 beds for lying-in women, and is equipped with complete hospital facilities. The building consists of three parallel blocks, the ward, kitchen, and administrative blocks respectively, all connected by a corridor.

The Ward block contains:—

2 five-bed wards, with sanitary annexes and verandah.
5 single bed wards, one being private and four semi-private.
2 Labour Rooms.
Operating Room.
Nursery.
Duty Room.
Linen and Test Rooms.

The kitchen block is provided with all modern steam-heated cooking appliances, gas cooker, electric peeler, etc., and consists of kitchen, scullery, stores, etc., and maids' dining room.

The administrative block, in addition to office, receiving room, sewing room, and nurses' sitting rooms, has bedroom accommodation for 14 nurses and maids, this including bedroom accommodation for nursing and domestic staff of the adjoining Carnegie Child Welfare Centre.

The nursing staff of the Home consists of Matron, Sister, 2 Staff Nurses (having C.M.B. qualification) and 3 assistant nurses. On the domestic staff, there are cook, housemaid, ward-maid and kitchen maid.

At the time of writing the Home has been approved by the Central Midwives Board as a training centre for midwives, and the assistant nurses are being replaced by registered nurses training for the C.M.B. certificate.

The confinements are conducted by the nursing staff of the Home, assisted in emergency or difficult cases by the Medical Practitioners of the town. The latter are paid for their services by the patients themselves, or, in necessitous cases, by the Town Council in accordance with the scale of fees approved by the Central Midwives Board.

The report on page 52 indicates the scope of the work done from the date of opening, June, 1923, to 31st December, 1924.

HEALTH VISITING.

The scheme of part-time Health Visiting and District Nursing by means of 15 Queen's Nurses, as described in the 1921 Report, was continued throughout the period with good results. The Wishaw area has not so far had its due share of Health Visiting or of Child Welfare work generally. This is likely to be remedied by the amalgamation of the Wishaw Nursing Association with that of Motherwell, which took place in 1924. By this amalgamation the scope of work of the Motherwell area will gradually be applied to the whole of the Wishaw area. In Wishaw, also, the Child Welfare Centre is quite undeveloped and the medical consultations at the Centre practically negligible in number. This can only be remedied by the appointment of an Assistant Medical Officer for Child Welfare.

MIDWIVES INSPECTION. I would direct attention to my remarks on pages 37-38 on Medical Assistance to Midwives in emergency. Comparison of the practice of midwives in the district with that of the Maternity Home shews up the former in an unfavourable light as regards two points. These are (1) the abuse of the Medical Assistance Form in cases of so-called " prolonged labour " and (2) the lack of summoning of medical assistance in cases of ruptured perinaeum. The

former inevitably leads to an over-use of forceps, with consequent unnecessary injuries to mother and child, and the latter is responsible for much ill-health in women in later life. It is hoped, by bringing the attention of the midwives to those points, that a standard more or less in line with that obtained in the Maternity Home on these matters will be reached by the midwives practising in the district.

Tuberculosis.

The local work done for the control of Tuberculosis is, undoubtedly, of a high order. The decrease in the death rate from this disease is highly encouraging, the mortality being less than half of what it was in Motherwell in 1908. All notifications are dealt with promptly, and in 1924 institutional treatment was given to 72 per cent. of the notified pulmonary cases, and to 45 per cent, of the notified non-pulmonary cases. The remainder of the notified cases are kept under close supervision in their own homes by the Tuberculosis nurse, and at the Dispensary by the Tuberculosis Officer.

There are continually under treatment at Wishaw Hospital 60-65 patients, and a large number are sent to Sanatoria belonging to other Authorities. The cost of treatment in such Sanatoria for Burgh patients amounted to £2488 7s 7d for 1924.

MUIRBURN SCHEME. The scheme for the provision of a Joint Sanatorium for the Lanarkshire Burghs has not yet produced a Muirburn Sanatorium. Lengthy negotoations between the Joint Sanatorium Committee, the County Public Health Committee and the Scottish Board of Health, were conducted during the period, and resulted in draft heads of Agreement being drawn up for the formation of a Joint Sanatorium Board to control all Tuberculosis Institutions within the County and Burghs. If this scheme materialises it will mark an important stage in the combination or grouping of adjacent areas for certain suitable purposes in the administration of public Health.

Venereal Diseases.

The Joint County and Burgh Scheme for the control of Venereal Diseases has now been for some years in operation, and good steady work is being performed in the treatment of those diseases. It is certain, however, that the facilities provided for diagnosis and treatment are not yet being fully utilised by the public or by Medical Practitioners.

The following figures are taken from the Annual Report of the V.D. Executive Officer (Dr R. Forgan):—

MOTHERWELL AND WISHAW.

New patients in 1924, ...	73
Patients sent by Doctors, ...	34
No. of Doctors who sent no patients, ...	3
No. of Doctors who sent Laboratory Specimens, ...	14
No. of Doctors who sent no Specimens,	13

The two centres provided convenient to this Burgh are at the County Hospital, Motherwell, and at Wishaw Hospital, respectively. These Centres are at extreme ends of the Burgh and are therefore not within too easy reach of the mass of the population. It is exceedingly difficult, however, to find more suitable or centrally situated premises.

The question of Notification and of compulsory treatment of persons suffering from Venereal Diseases has been prominently before the Joint Committee for some time, and that body has from time to time made resolutions in favour of a form of notification. In this connection the Medical Officer of Health of Glasgow has recently shewn that at one male treatment centre at Broomielaw the number of cases who, having been cured, had exposed themselves a second, third or fourth time to infection, and had presented themselves again for treatment, constituted about 50 per cent. of the total—"in other words, more than half the total number of patients at this Centre were habitual libertines." While his experience is probably peculiar to such districts as Broomielaw, Glasgow, and certainly does not apply in anything like the same degree to the Lanarkshire Centres, one can well understand the desire of a Local Authority, in the face of such evidence, to have that complete information about the disease in its midst which would lead to a comprehensive control of it. The first step towards such comprehensive control is notification. There is ample evidence that public opinion has forsaken the Victorian attitude of mind on this subject and is rapidly approaching the point of tolerating a reasonable form of notification of Venereal Disease.

Results of Health Work.

A study of Life tables for the past century reveals some remarkable facts. From the period 1821-27 to the period 1881-90 in Glasgow, the Expectation of Life of all males at birth rose only from 34.12 years to 35.18 years.* That is, during 60

years of increasing population and urbanisation with public health measures absent or present in embryo form only, the expectation of life remained practically stationary. In the period 1920-22, the expectation of life of males at birth had risen to 48.41 years—that is, about 13 years of life were added to the average individual's span in a generation, and during a period of considerable public health activity. It is not claimed that this is altogether a direct result of the public health work of Local Authorities, but there can be little doubt that such work has played no mean part in producing this evidence of the rapid progress of our civilisation.

H. STANLEY BANKS,
Medical Officer of Health.

Public Health Office,
Motherwell, May, 1925.

* "The Expectation of Life in the City of Glasgow." William Jones, 1925.

Report of the Medical Officer of Health

for the Three Years 1922=24

SECTION I

VITAL STATISTICS

SUMMARY.

	1922	1923	1924
Population (estimate of Registrar General), ...	70,273	70,314	71,057
Population (Police Census), ...	68,647	66,744	67,652
Acreage, ...	2,578½	2,578½	2,578½
Persons per acre, ...	26.6	25.9	26.2
Number of Inhabited Houses, ...	13,811	13,819	13,965
Number of Deaths (Corrected), ...	1,056	715	915
Number of Births (Corrected), ...	1,778	1,745	1,790
Death rate per 1000 living, (corrected, ...	15.0	10.7	12.9
Birth rate per 1000 living, ...	25.3	24.8	24.9
Number of Deaths of Infants (under one year), ...	207	119	175
Infant Mortality per 1000 births,	116	68	98
Number of Deaths from Pregnancy and Parturition, ...	8	14	9
Maternal Mortality rate per 1000 Births, ...	4.4	8.0	5.0
Number of Deaths from Tuberculosis,	75	83	75
Tuberculosis Death Rate per 1000 of population, ...	1.07	1.17	1.06
Number of Deaths from Measles,	102	5	31
Number of Deaths from Whooping Cough, ...	27	30	15

POPULATION.

The population as estimated by the Registrar General is based on the 1921 Census population of 68,869, and is calculated from the known excess of births over deaths, but without taking into consideration such local factors as emigration, depressed state of local industries, etc. The Registrar General's estimates of population for 1922, 1923 and 1924 are an overstatement, owing to the large amount of emigration which occurred during the period. That this is true is evident from the fact that the police Census of the population in 1923 was only 66,744, while the Registrar General's estimate was 70,314. The birth rates, death rates, etc., given in this report are as calculated by the

Registrar General, and are therefore slightly erroneous. The error is greatest in 1923 and 1924, the true vital statistics being probably higher by about 4 per cent. than those stated in this Report for those years.

WARD POPULATIONS (POLICE CENSUS).

Ward.	1922	1923	1924
1	8216	7924	7955
2	6093	5981	5898
3	9955	9485	9646
4	6538	6375	6375
5	10598	10393	10504
6	10121	9557	9703
7	6326	6126	6409
8	6312	5878	5943
9	4488	5025	5219
Total,	68,647	66,744	67,652

Births

In the following table the number of births is corrected for transcripts, i.e., for those occurring outwith the Burgh whom the Registrar General transfers in to the Burgh, and for those occurring within the Burgh whom the Registar General transfers out.

TABLE 1.

The following table shows the number of births and birth rates since the year 1908:—

	Motherwell Burgh only.		
1908	1390	34.49	2.73
1909	1462	36.61	2.87
1910	1406	34.99	2.63
1911	1337	32.89	2.99
1912	1310	31.46	3.28
1913	1343	32.2	2.9
1914	1291	31.2	3.5
1915	1259	29.1	3.02
1916	1271	30.3	3.1
1917	1097	26.2	4.4
1918	1153	27.4	4.2
1919	1208	28.7	5.3
1920	1262	31.3	4.8
	Motherwell and Wishaw.		
1921	2281	31.5	5.2
1922	1778	25.3	5.7
1923	1745	24.8	4.3
1924	1790	24.9	4.9

For further statistics of Births see Section II., pages 33-34.

Marriages

	1922	1923	1924
Number of Marriages, ...	436	631	403
Marriage Rates per 1000 of population, ...	6.2	6.1	5.7

Deaths

(a) GENERAL.

Death Rate, corrected and uncorrected, for the past 19 years:—

TABLE 2.

Year.	Uncorrected.	Corrected.
	Motherwell only.	
1906 ...	15.53 ...	16.0
1907 ...	14.11 ...	15.42
1908 ...	14.34 ...	16.06
1909 ...	11.77 ...	12.99
1910 ...	14.08 ...	15.23
1911 ...	11.07 ...	12.69
1912 ...	10.95 ...	
1913 ...	12.5 ...	13.8
1914 ...	11.8 ...	13.0
1915 ...	12.6 ...	13.5
1916 ...	10.3 ...	11.4
1917 ...	12.1 ...	13.6
1918 ...	10.7 ...	11.8
1919 ...	11.1 ...	12.5
1920 ...	12.3 ...	13.5
	Motherwell and Wishaw.	
1921 ...	10.8 ...	12.5
1922 ...	13.4 ...	15.0
1923 ...	9.3 ...	10.7
1924 ...	11.2 ...	12.9

TABLE 3.

Table shewing mortality at the different age periods for years 1922-24:

Ages.	Number of Deaths.		
	1922	1923	1924
Under 1 year, ...	207 ...	119 ...	175
1 and over, ...	189 ...	97 ...	114
5 and over, ...	29 ...	26 ...	32
10 and over, ...	14 ...	14 ...	20
15 and over, ...	42 ...	35 ...	47
25 and over, ...	57 ...	44 ...	50

35 and over, ...	58 ...	39 ...	52
45 and over, ...	85 ...	86 ...	82
55 and over, ...	138 ...	109 ...	116
65 and over, ...	141 ...	101 ...	134
75 and over, ...	74 ...	68 ...	81
85 and over, ...	23 ...	13 ...	12
	1056 ...	751 ...	915

TABLE 4.

The various causes of deaths which occurred during the years 1922, 1923, and 1924 are shewn below:—

CAUSE OF DEATH	Under 5			Over 5			Total		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Measles	94	5	26	8	—	5	102	5	31
Scarlet Fever	6	6	8	3	3	5	9	9	13
Whooping Cough	27	29	15	—	1	—	27	30	15
Diphtheria	1	2	6	1	1	2	2	3	8
Influenza	18	—	2	69	5	19	87	5	21
Encephalitis Lethargica	1	—	—	—	2	—	1	2	—
Cerebro Spinal Meningitis	—	1	—	1	—	1	1	1	1
Other Epidemic Diseases	1	—	1	3	—	1	4	—	2
Tuberculosis of Respiratory System	1	1	1	40	51	43	41	52	44
Tuberculosis Meningitis	9	9	11	1	3	3	10	12	14
Tuberculosis of Intestines and Peritoneum	6	7	6	9	7	1	15	14	7
Other Tuberculosis Disease	3	2	2	6	3	8	9	5	10
Malignant Tumours	—	2	—	78	65	82	78	67	82
Rheumatic Fever	1	2	—	5	2	2	6	4	2
Meningitis (not Cer. Spin. or Tuberc.)	7	14	8	1	3	1	8	17	9
Apoplexy	—	—	—	61	50	55	61	50	55
Heart Diseases	—	1	1	66	66	80	66	67	81
Diseases of the Arteries	—	—	—	5	5	3	5	5	3
Bronchitis	33	8	19	62	46	55	95	54	74
Pneumonia (all forms)	67	32	49	25	32	44	92	64	93
Other Diseases of the Respiratory System	8	4	3	6	13	5	14	17	8
Diarrhœa & Enteritis (under 2 yrs.)	11	10	23	—	—	—	11	10	23
Appendicitis	—	—	—	5	6	8	5	6	8
All diseases of Liver (not malignant)	1	—	—	11	6	2	12	6	2
Nephritis, Acute and Chronic	1	1	2	23	16	22	24	17	24
Puerperal Sepsis	—	—	—	4	5	2	4	5	2
Other dis. & acc. of Pregnancy & Partuition	—	—	—	4	9	7	4	9	7
Dis. of Early Infancy & Malformations	70	52	70	—	—	—	70	52	70
Suicide	—	—	—	5	1	3	5	1	3
Other Violent Deaths	5	10	5	25	24	27	30	34	32
Other defined diseases	24	19	29	120	100	130	144	119	159
Causes Ill-defined or Unknown	—	1	2	14	10	10	14	11	12
Total	395	216	289	661	535	626	1056	751	915

(b) INFANT MORTALITY.

TABLE 5.

The following table shews the Infant Mortality rate for the period and for previous years:—

Year.	Burgh of Motherwell.	Year.	Burgh of Wishaw.
1895-1904 ...	136.12	1911 ...	133.64
1905 ...	124.23	1912 ...	103.09
1906 ...	130.16	1913 ...	119.81
1907 ...	114.6	1914 ...	116.37
1908 ...	125.27	1915 ...	125.15
1909 ...	96.44	1916 ...	109.06
1910 ...	131.57	1917 ...	122.50
1911 ...	109.10	1918 ...	107.65
1912 ...	106.10	1919 ...	119.
1913 ...	99.1	1920 ...	83.
1914 ...	101.		
1915 ...	109.		
1916 ...	88.		
1917 ...	98.		
1918 ...	75.		
1919 ...	97.		

Year.	Burgh of Motherwell and Wishaw.
1920	100.
1921	79.
1922	116.
1923	68.
1924	98.

For a discussion of the Infant Mortality Rate see Section II., pages 31-32, and also Preface page 6.

(c) DEATHS FROM TUBERCULOSIS.

TABLE 6.

The following table shews the deaths and death rates from Tuberculosis during the past 17 years:—

Motherwell.

Year	Number of Deaths		Total	Death Rates per 1000 of the Population		All Tuberculosis
	Pulmonary	Non-Pulmonary		Pulmonary	Non-Pulmonary	
1908	41	39	80	1.11	1.05	2.16
1909	28	40	68	.70	1.0	1.70
1910	35	35	70	.87	.87	1.74
1911	36	33	69	[illegible]	[illegible]	1.69
1912	38	21	59	.91	.50	1.41
1913	39	27	66	.94	.66	1.6
1914	33	35	68	.8	.84	1.64
1915	26	31	57	.6	.8	1.4
1916	30	22	52	.7	.52	1.2
1917	38	20	58	.9	.5	1.4

1918	38	14	52	.9	.3	1.2
1919	32	19	51	.76	.45	1.2
		Motherwell and Wishaw.				
1920	47	30	77	.68	.43	1.15
1921	48	31	79	.68	.43	1.15
1922	41	34	75	.58	.49	1.07
1923	52	31	83	.74	.43	1.17
1924	44	31	75	.60	.46	1.06

Wishaw—Death Rates from Tuberculosis.

Year	Pulmonary	Non-Pulmonary	All Tuberculosis
1909	.92	1.14	2.06
1910	1.16	1.12	2.3
1911	.82	.9	1.7
1912	.86	.66	1.3
1913	.7	.5	1.2
1914	.8	.6	1.2
1915	.8	.6	1.4
1916	.4	.6	1.0
1917	.6	1.0	1.6
1918	.9	.6	1.5
1919	.92	.29	1.21
1920	.69	.26	.95

TABLE 7.

The age periods at which deaths from Tuberculosis occurred during the years 1922-24 are shewn in the following table:—

AGE PERIODS.	Under 1	1—	5—	10—	15—	25—	35—	45—	55—	65—
Pulmonary, 1922,	—	1	2	2	11	8	7	6	4	—
Pulmonary, 1923,	—	1	2	2	11	14	5	9	7	1
Pulmonary, 1924,	—	1	1	3	14	10	3	2	—	—
Non-Pulmonary, 1922,	2	16	5	3	2	2	—	2	2	—
Non-Pulmonary, 1923,	5	13	8	1	3	1	—	—	—	—
Non-Pulmonary, 1924	8	11	4	1	4	2	—	1	—	—
Total, 1922,	2	17	7	5	13	10	7	8	6	—
Total, 1923,	5	14	10	3	14	15	5	9	7	1
Total, 1924,	8	12	5	4	18	12	10	3	3	—
Percentage of total deaths,										
1922,	2	23	9	6	18	14	9	11	8	—
1923,	6	17	12	4	17	18	6	11	8	1
1924,	10	17	6	5	25	17	13	4	4	—

For further particulars regarding deaths from Tuberculosis see Section VIII., pages 97 and 99.

(d) DEATHS FROM PRINCIPAL EPIDEMIC DISEASES.

TABLE 8.

The death rate from these diseases conjointly was 2.1 per 1000 of the population in 1922, .81 per 1000 in 1923, and 1.2 per 1000 in 1924.

These were distributed as follows:

	1922	1923	1924
Measles, ...	102	5	31
Scarlet Fever, ...	9	9	13
Whooping Cough,	27	30	15
Diphtheria, ...	2	3	8
Diarrhoea and Enteritis (under 2 yrs.),	11	10	23
	151	57	90

MEASLES AND WHOOPING COUGH DEATHS, 1906-24.

TABLE 9.

The high death rate from Measles in 1922 should be specially noted. For further comments see Preface pages 11-12.

Year.	Deaths.		Death Rate.	
	Measles.	Whooping-cough.	Measles	Whooping-cough.
1906	12	20	.35	.58
1907	25	28	.71	.79
1908	18	48	.47	1.2
1909	21	23	.52	.57
1910	49	17	1.21	.42
1911	3	37	.07	.91
1912	36	15	.86	.35
1913	19	48	.46	1.16
1914	17	10	.41	.24
1915	13	26	.31	.62
1916	9	9	.21	.21
1917	35	21	.83	.5
1918	4	31	.09	.73
1919	8	5	.18	.11
1920	2	10	.04	.23
1921	1	28	.01	.40
1922	102	27	1.40	.38
1923	5	30	.07	.42
1924	31	15	.44	.21

(c) DEATHS FROM RESPIRATORY DISEASES–

	1922	1923	1924
Influenza, ...	87	5	21
Pneumonia, ...	92	64	93
Bronchitis, ...	95	54	74
Other Respiratory Diseases,	14	17	8
Total, ...	288	140	196
Death rates from all Respiratory Diseases per 1000 of the population, ...	4.3	2.0	2.8

(f) DEATHS FROM CANCER.

TABLE 10.

The gradual increase of deaths from Cancer is seen in the following table:—

Motherwell.

Year.	Deaths.	Death Rate.
1908	21	.55
1909	21	.52
1910	46	1.12
1911	26	.64
1912	18	.43
1913	31	.75
1914	36	.87
1915	34	.81
1916	22	.52
1917	30	.70
1918	32	.76
1919	38	.9
1920	43	1.03

Motherwell and Wishaw.

1921	70	1.0
1922	78	1.1
1923	67	.95
1924	82	1.1

The age periods at which the deaths from Cancer occurred in the years 1922-24 are shewn in the accompanying table:

AGE PERIODS	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85—
No. of Deaths, 1922 ...	—	—	—	—	2	7	11	27	20	11	—
do. 1923 ...	2	—	—	1	—	5	14	24	14	6	1
do. 1924 ...	—	—	—	1	2	3	18	28	21	9	—
Percentage of Deaths, 1922 ...	—	—	—	—	2.5	8.9	12.8	34.6	25.6	12.8	—
do. 1923 ...	2.9	—	—	1.4	—	7.4	20.8	35 8	20.8	8.9	1.4
do. 1924 ...	—	—	—	2	4	6	22	39	25	10	—

(g) VIOLENT DEATHS.

	1922	1923	1924
Male, ...	24	24	25
Female, ...	6	10	7
Total, ...	30	34	32

SECTION II.

MATERNITY AND CHILD WELFARE.

The Scottish Board of Health now requires the report on this section to be furnished according to the following scheme:

I. INFANTILE MORTALITY.

	1922	1923	1924
(a) Number of Infant Deaths, ...	207	119	175
(b) Infant Mortality Rate per 1000 births, ...	116	68	98

(c) CLASSIFICATION OF DEATHS OF INFANTS UNDER ONE YEAR:—

	Under 1 week	1-4 weeks	4 weeks-3 mos.	3 mos.-6 mos.	6-12 mos.	TOTAL
Year 1922, ...	50	24	25	32	76	207
Year 1923, ...	35	18	20	11	35	119
Year 1924:—						
Congenital Malformation,	2	2	—	—	1	5
Congenital Heart, ...	3	—		1	1	5
Prematurity, ...	11	5	5	—		21
Atrophy, Debility and Marasmus, ...	11	9	8	3	3	34
Atelectasis, ...	2	1	—	—	—	3
Pneumonia (all forms), ...	—	1	2	7	16	26
Bronchitis, ...	—	4	2	2	6	14
Diarrhoea and Enteritis,		—	5	7	5	17
Measles, ...	—		—		4	4
Scarlet Fever, ...				—		—
Whooping Cough, ...	—	—	1	1	5	7
Erysipelas, ...	—	1	—	—	—	1
Tuberculous Meningitis, ...	—	—	1	1	4	6
Tuberculous Diseases, ...				—	6	6
Meningitis (not Tuberculous), ...	1	1		1	1	4
Convulsions, ...		1	1	1	2	5
Injury at Birth, ...	2					2
Syphilis, ...	—	—	—	1	—	1
Hydrocephalis, ...				1	1	2
Other Causes, ...	1	2	3	3	3	12
Total, year 1924, ...	33	27	28	29	58	175

ANALYSIS OF INFANT MORTALITY.

	1922	1923	1924
Percentage of deaths of Infants			
Under one week, ...	24.1	29.4	19.
Under one month, ...	35.7	44.5	34.3
Between 1 month & 6 months,	27.5	26.	32.5
Between 6 months & 12 months,	36.8	29.5	33.2
	100.	100.	100.

It is significant that of all infantile deaths, some 20 per cent. to 30 per cent. occur during the first week of life. Hence the importance of ante-natal work and of a high standard of midwifery. It is only by attention to ante-natal and natal conditions that we may hope to reduce this abnormally high mortality. The same lesson is learned from the mortality during the first month of life, the " Neo-natal " mortality as it is sometimes called. This varies between about 35 per cent. and 45 per cent. of the total infant deaths.

The main causes of Infantile Mortality fall into 3 groups :—

(a) Prematurity, Congenital Debility, etc.

These caused, of the total infant deaths in 1924, 40.0%

(b) Respiratory Diseases (including Pneumonia, Bronchitis, Measles and Whooping Cough.

These caused, of the total infant deaths in 1924, 29.1%

(c) Diarrhoea and Enteritis.

These caused, of the total infant deaths in 1924, 9.7%

The figure of 9.7 per cent. for group (c) is very creditable and may perhaps be claimed as a result of the comprehensive health visiting service of the Burgh. A reduction in group (b) will probably come about as soon as better housing and more hospital accommodation for Measles, Whooping Cough and Pneumonia is provided.

Group (a) is the most refractory of all. Most of the deaths in this group occur in the first month of life, and, as already stated, the problem is bound up with the development of ante-natal work.

CHILD MORTALITY.

	1922	1923	1924
No. of Deaths of children of 1-5 years,	188	97	114

II. BIRTHS.

TABLE No. 1.

(a) No. of Births registered, (not including still-births):	1922	1923	1924
(I.) Legitimate, ...	1659	1655	1694
(II.) Illegitimate, ...	80	65	77
Total, ...	1739	1720	1771
(b) No. of Births notified (including still-births), ...	1823	1801	1881
Twin Births, ...	23	23	26
Confinements notified, ...	1800	1778	1855
Non Notified Births, ...	239	206	267
Percentage of Births notified in accordance with Acts,	82	87	85

Number of Births notified to Medical Officer of Health during years 1922, 1923, and 1924, according to Parishes and Wards:

Parish.	1922	1923	1924
Bothwell, ...	14	8	5
Cambusnethan, ...	511	515	559
Dalziel, ...	1269	1258	1308
Others, ...	29	20	9

	Male.			Female.			Total.		
Wards.	1922	1923	1924	1922	1923	1924	1922	1923	1924
1 ...	86	94	88	110	90	103	196	184	191
2 ...	73	69	71	62	65	62	135	134	133
3 ...	139	129	113	129	123	111	268	252	224
4 ...	99	90	108	81	83	100	180	173	208
5 ...	140	164	169	139	148	143	279	312	312
6 ...	172	169	175	144	149	164	316	318	339
7 ...	93	87	68	84	91	71	177	178	139
8 ...	65	70	107	77	65	91	142	135	198
9 ...	69	70	71	61	45	66	130	115	137
	936	942	970	887	859	911	1823	1801	1881

	1922	1923	1924
(c) No. of Births attended by Doctors,	1123	1207	1173
No. of Births attended by certified Midwives, ...	693	585	701
No. of Births attended by others,	7	9	7

	1922	1923	1924
Percentage of Births attended by Doctors, ...	61.6	67.0	62.3
Percentage of Births attended by Certified Midwives, ...	38.0	32.4	37.2
Percentage of Births attended by others, ...	.38	.4	.3
(d) No. of Still-Births, ...	64	42	60

STILL-BIRTHS—SEX AND WARD DISTRIBUTION.

Ward	Male			Female			Total		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
1 ...	4	2	2	5	1	2	9	3	4
2 ...	3	2	5	2	1	2	5	3	7
3 ...	5	5	4	6	2	2	11	7	6
4 ...	3	1	4	4	4	2	7	5	6
5 ...	6	5	9	8	4	4	14	9	13
6 ...	3	6	7	4	1	4	7	7	11
7 ...	3	—	1	2	2	2	5	2	3
8 ...	1	2	2	2	—	1	3	2	3
9 ...	2	2	4	1	2	3	3	4	7
	30	25	38	34	17	22	64	42	60

III.—MATERNAL MORTALITY.

	1922	1923	1924
(a) No. of Deaths resulting from Miscarriage or Childbirth, ...	4	9	7
(b) No. of Deaths resulting from Puerperal Sepsis, ...	4	5	2
Total Maternal Deaths, ...	8	14	9
Maternal Mortality Rate per 1000 Births,	4.4	8.0	5.0

IV.—MIDWIVES (SCOTLAND) ACT, 1915.

REPORT OF INSPECTOR OF MIDWIVES

For Years 1922-1924:—

(1) PRACTISING MIDWIVES—

During the month of February, 1923, 69 midwives, and during 1924, 64 midwives gave notice under Section 18 of their intention to practise in the district.

(II.) BIRTHS NOTIFIED

	1922	1923	1924
Total No. of Births Notified to Medical Officer, ...	1823	1801	1881
Total No. of Deaths of New-born Children (within ten days), ...	51	36	42
*Actual No. of Births attended by Certified Midwives, ...	693	585	701
Actual No. of Deaths of New-born Children (within ten days) occurring in the practice of Midwives, ...	17	8	5
Actual No. of Cases not attended by a Doctor or a Midwife, Births,	7	9	7
Deaths,	1	0	1

(III).—OPHTHALMIA NEONATORUM

Total No. of Cases, ...	21	15	20
Actual No. of cases occurring in practice of midwives, ...	7	8	4
Actual No. of cases occurring where confinement not attended by doctor or midwife, ...	0	0	0

(IV).—CASES OF PUERPERAL SEPSIS—

Total No. of cases, ...	21	15	20
Total No. of Deaths, ...	2	6	1
Actual No. of cases occurring in the practice of Midwives, ...	3	2	7
Actual No. of Deaths occurring in the practice of Midwives, ...	1	1	1
Actual No. of cases occurring where confinement not attended by a doctor or midwife, ...	0	0	0

(V.) CASES OF STILL-BIRTH—

Total No. of Cases, ...	64	42	60
Actual No. of Cases occurring in the practice of Midwives, ...	19	7	14

(VI.) CASES OF EMERGENCY

Cases of Emergency to which Medical Practitioners have been called under Section 22 of the Act :—

---

*For year 1924, there are included in the total of 701 births attended by Certified Midwives, 212 births delivered by the Nursing Staff of the Maternity Home, Motherwell.

MOTHER—	1922	1923	1924
Prolonged Labour, ...	23	45	43
Obstructed Labour, ...	2	—	—
Occipito Posterior Presentation, ...	—	2	—
Breech Presentation, ...	1	5	4
Foot Presentation, ...	—	1	—
Cord Presentation, ...	—	—	1
Shoulder Presentation, ...	—	—	2
Excessive Vomiting, ...	—	2	1
Ruptured Membranes, ...	1	3	—
Ante Partum Haemorrhage, ...	1	1	1
Post Partum Haemorrhage, ...	1	1	3
Ruptured Perineum, ...	2	8	7
Adherent Placenta, ...	2	—	3
Premature Birth, ...	—	—	1
High Temperature, ...	1	1	5
Chill after Confinement, ...	1	1	—
Eclampsia, ...	1	1	—
Still-Birth, ...	1	1	—
CHILD—			
Condition of Child, ...	3	—	—
Condition of Child (weakness), ...	2	—	—
Condition of Infant's Eyes, ...	2	—	2
Condition of Child (Jaundice), ...	1	—	—
Condition of Child (Tongue), ...	—	1	—
Condition of Child (Suppurating Breast),	—	1	—

PAYMENT OF DOCTORS' CLAIMS UNDER SECTION 22
For Services Rendered in Emergency.

1922	1923	1924
£37 0 6	£57 6 0	£113 5 6

OTHER NOTIFICATIONS BY MIDWIVES.

	1922	1923	1924
Still-Births, ...	6	4	4
Laying out dead bodies, ...	2	—	5
Adoption of artificial feeding, ...	1	2	1
Liability to be a source of infection, ...	—	1	3

(VII.)—GENERAL—

NECESSITOUS CASES. The standard fee of 25s per case in cases of necessity in which women were not in receipt of Maternity Benefit, was paid to Midwives in two cases in 1922, four cases in 1923, and one case in 1924.

SUPPLY OF COLLOSAL ARGENTUM. In order to endeavour to prevent the occurrence of Ophthalmia Neonatorum, the Local Supervising Authority resolved during 1922 to grant a free supply of Collosal Argentum to Midwives on application. The great majority of midwives took advantage of this provision, and continued to do so in the subsequent years.

UNCERTIFIED MIDWIVES. During 1922 seven confinements were conducted by women other than certified midwives, and not under the direction of a registered medical practitioner. These women were interviewed by the Medical Officer of Health, and an explanation requested.

In five instances there was a fair amount of evidence that the women had acted in an emergency, when no qualified person was at hand.

In the remaining two cases ignorance of the law was pleaded. The women were warned, and both intimated that they did not intend to practise again, even under the direction of medical practitioners.

During 1923, there were 9 cases and during 1924 there were 7 cases conducted by uncertified women, and in all cases the explanation given was that of "emergency." This seemed to be a reasonable excuse in view of the fact that, with one unimportant exception, no uncertified woman had attended more than one case.

PENAL CASES. During 1923, one midwife was removed from the roll by the Central Midwives Board for having failed to comply with the rules. During 1924, one midwife was suspended from practice for two months and severely censured and admonished.

MEDICAL ASSISTANCE IN EMERGENCY. It is interesting to compare the practice of midwives in the district with that of the Maternity Home Nursing Staff, as regards sending for medical assistance in cases of (1) Prolonged Labour and (2) Rupture of Perineum.

(1) PROLONGED LABOUR. The midwives sent for medical assistance for this purpose in 43 cases out of 489 deliveries, i.e., in 8.8 per cent. The Maternity Home nurses requested medical assistance for the same purpose in 5 out of 297 cases. i.e., in 1.7 per cent.

(2) RUPTURE OF PERINEUM. Midwives' medical assistance forms numbered 7, or 1.4 per cent. of their cases. Maternity Home nurses' medical assistance forms numbered 16, or 5.4 per cent. of their cases.

These figures would seem to indicate (1) that midwives in the district do not achieve the requisite success in encouraging the patient to have natural labour, and (2) that midwives do not yet realise how essential it is to have the smallest perineal tear stitched.

V.—HOME VISITATION.

The work of Health Visiting in the homes was done as formerly by the Queen's Nurses of Motherwell and Wishaw Nursing Associations, acting under the supervision of a Joint Executive Committee (composed of Town Council and Nursing Association representatives) and under the control of the Medical Officer of Health. Fifteen nurses are so employed, and about half of their time is taken up with Public Health work and half with district nursing work. Fully 99 per cent. of all the infants born in the Burgh are regularly visited up to the age of five years, according to the following scheme:—

8 visits are paid during the first 12 month of life.
3 visits are paid during the second year.
3 vsits are paid during the third year.
2 visits are paid during the fourth year.
2 visits are paid during the fifth year.

At the last visit, a correlating schedule is compiled and the information forwarded to the Education Authority.

Each nurse health visitor has a district in which she carries out both the health visits and the district nursing work required.

The health visitors also attend at the Child Welfare Centres and consultations on 3 days weekly.

This scheme entails an enormous amount of health visiting, and enables the Medical Officer to be in touch with practically every child in the Burgh. The figures for health visiting are as follows:—

(1) INFANTS—

	1922	1923	1924
(a) No. of First Visits, ...	1816	1787	1870
(b) No. of Re-visits, ...	10456	8368	9416

(c) Feeding of Infants—Of 1644 infants visited at the age of 6 months during 1924, 62 per cent. were found to be breast-fed.

Year 1924.	Breast Fed.	Partially Breast Fed.	Artificially Fed.
No. of infants at age of 6 months, ...	1012	152	480
Percentage Do. do.,	62	9	29

(d) Prematurity.	1923	1924
No. of infants born prematurely, ...	60	80
Percentage Do. do., ...	3.3	4.3

(2) CHILDREN (1-5 years)	1922	1923	1924
(a) No. of first visits, ...	1686	1656	1750
(b) No. of re-visits, ...	9899	10208	10605

(3) EXPECTANT MOTHERS	1922	1923	1924
(a) No. of first visits, ...	297	282	221
(b) No. of re-visits, ...	367	283	355

Under the scheme there is undertaken the routine health visiting of ante-natal cases seen by the health visitors during the course of their visitation of infants and pre-school children. When such cases are discovered the health visitor makes the usual enquiries, arranges for a specimen of urine to be examined monthly from the 5th to 9th month, and also makes monthly visits at these periods. In this way, the numbers of ante-natal cases supervised were 297, 282 and 221 respectively in the years 1922-24. These numbers represent 16 to 18 per cent. of the total births.

The cases supervised were ascertained to have a termination to their pregnancy as follows:—

	1922	1923	1924
Normal Delivery, ...	179	162	184
Chloroform and Instruments, ...	29	28	25
Premature, ...	5	—	2
Adherent Placenta, ...	1	—	1
Ante-Partum Haemorrhage, ...	2	—	3
Cord Presentation, ...	1	—	—
Twins, ...	—	1	—
Puerperal Septicaemia, ...	2	—	1
Induced Labour (Hyperemesis), ...	1	—	—
Placenta Praevia, ...	1	—	1
Breech Presentation, ...	—	1	1
Removed to Glasgow Royal Maternity Hospital, ...	—	3	—
Removed to Glasgow Royal Maternity Hospital for Caesarian Section, ...	—	1	—
Still-births, ...	5	3	4
Cross Births, ...	—	—	2
Macerated Foetus, ...	—	—	2
Removed from District, ...	—	1	2

During 1924, 53 cases supervised by Health Visitors in the district, were confined in the Maternity Home.

204 urine tests were made during the year 1924.

VI.—VOLUNTARY WORKERS' DEPARTMENT.

The new Work Party, under the leadership of Mrs Grieve and Mrs M'Leod, started on 1st December, 1923. During the period the following garments were given free or at much reduced cost:—

	December, 1923	1924
Garments to Expectant and Nursing Mothers,	47	463
Garments of bed linen, ...	10	50
Pillow Cases, ...	8	22
Old Clothing (Donations from Ladies of Work Party), ...	—	50
Wool to knit, skeins, ...		8
	65	593

VII.—ANTE-NATAL CENTRE.

No proper Ante-Natal Centre has yet been formed in the Burgh, as it has been recognised that the appointment of an Assistant Medical Officer for Child Welfare would be necessary before such work could be undertaken.

During the years under review, the Medical Officer of Health has seen a few ante-natal cases in consultation at the Child Welfare Centres, the details being as follows:

ANTE-NATAL CONSULTATIONS.

	1922	1923	1924
New Cases, ...	14	9	33
Attendances, ...	20	14	43

VIII.—POST-NATAL CONSULTATIONS.

	1922	1923	1924
New Cases, ...	6	14	14
Attendances, ...	8	20	28

IX.—CHILD WELFARE CONSULTATIONS.

MOTHERWELL CHILD WELFARE CENTRE.—Two sessions are held weekly on Tuesday and Thursday afternoons. The nurses attend at 3 p.m. Consultations with the Medical Officer of Health commence 4 p.m. and may extend to 7 or 7.30 p.m.

WISHAW CHILD WELFARE CENTRE.—One session is held weekly on Monday afternoon. The nurses attend at 3 p.m. Consultations with the Assistant Medical Officer of Health at this Centre are very scanty.

	1922	1923	1924
Total number of attendances at all Child Welfare Centres, ...	4417	4577	6229
MOTHERWELL CENTRE			
(a) Total No. of Consultations:			
(I) Under 1 year of age, ...	718	523	554
(II) Over 1 year of age, ...	520	482	596
(b) No. of First Consultations:			
(I) Under 1 year of age, ...	335	236	277
(II) Over 1 year of age, ...	270	227	312
(c) Illnesses recorded:			
INFANTS.			
	1922	1923	1924
Gastro-Intestinal -			
Gastritis, ...	45	40	—
Pylorospasm, with vomiting and malnutrition, etc., ...	24	15	17
Pyloric Stenosis, ...	—	—	1
Enteritis, etc., ...	111	47	21
Errors of Diet, ...	—	—	32
Umbilical Hernia, etc., ...	20	7	15
Inguinal Hernia with or without Phimosis,	11	11	8
Constipation, ...	—	8	6
Thrush, ...	—	—	2
Ulcers of Mouth, ...	—	3	2
Marasmus, ...	—	4	—
General			
Tongue Tied, ...	—	1	—
Rickets with various sequelae, ...	26	16	15
Malnutrition with various causes, ...	—	1	42
Errors of clothing, ...	—	8	14
Convulsion, ...	—	—	2
Undescended Testicle, ...	—	—	2
Birth injury to skull, etc., ...	—	—	1
Circumcision, ...	—	1	—
Skin			
Scabies, ...	5	—	—
Urticaria, ...	—	1	6
Eczema, etc., ...	24	14	20
Impetigo with or without otorrhoea, ...	13	3	12
Purpura, ...	—	—	1
Sudaminous Eruption, ...	—	—	2
Septic Umbilicus, ...	—	1	3
Ringworm, ...	3	—	—

Ear, Nose and Throat—	1922	1923	1924
Otorrhoea,	—	2	6
Rhinitis,	—	1	2
Nasal Obstruction,	—	—	2
Mastoid Periostitis,	—	—	1
Eye—			
Ophthalmia Neonatorum,	—	—	5
Conjunctivitis and Blepharitis,	—	2	9
Dakruocystitis,	—	—	1
Squint,	—	—	1
Infectious Disease—			
Measles,	—	—	1
Whooping Cough,	—	1	1
Coryza,	—	1	1
Tuberculosis,	9	—	—
Bronchitis,	—	1	—
Others,	44	47	22
	335	236	277

CHILDREN (1-5 Years).

Gastro	1922	1923	1924
Enteritis,	21	—	10
Diarrhoea,	—	18	—
Umbilical Hernia,	3	1	2
Inguinal Hernia,	2	—	—
Constipation,	—	—	2
Intestinal Worms,	—	4	8
Ulcerated Mouth,	—	—	5
General—			
Malnutrition,	16	—	—
Rickets,	—	—	59
Rickets with various sequelae,	19	19	46
Debility,	1	—	—
Hip Joint Disease,	—	1	—
Gallstones,	—	1	—
Skin			
Ulcers,	10	12	—
Ringworm,	4	1	6
Impetigo,	26	19	13

	1922	1923	1924
Scabies, ...	4	2	2
Eczema, ...	7	5	
Abscesses, ...	10	1	
Urticaria, ...		3	—
Others, ...	—	—	6
THROAT —			
Enlarged Tonsils, Adenoids, etc., ...	4	16	12
EAR —			
Otorrhoea, ...			6
EYE—			
Squint, ...	6	7	6
Conjunctivitis, ...		2	9
Blepharitis, ...	—	—	6
Blepharitis and Squint, ...	—	1	—
Corneal Ulcers, ...	—	2	2
Other eye conditions, ...	—	4	1
PULMONARY			
Bronchitis, ...	—	2	6
INFECTIOUS DISEASE AND SEQUELAE			
Tuberculosis, ...	38	21	29
Coryza, ...	1	—	—
Whooping Cough, ...	—	2	—
Debility from Measles, ...	—	—	5
Debility from Whooping Cough, ...	—	—	6
Carious Teeth, ...	10	3	—
OTHERS — (Including Malnutrition, Phimosis, Albuminuria, Accidents, etc.),	89	80	65
	270	227	312

Prevalence of Rickets. See Preface page 17.

X. SPECIAL TREATMENT CENTRES.

Since the opening of the well-appointed Carnegie Clinic in June, 1923, with excellent accommodation for special treatment clinics, these clinics have been considerably developed. An Ear, Nose and Throat Surgeon, Ophthalmic Surgeon and Dental Surgeon were appointed and commenced work in September 1923. One clinic weekly is conducted in each of those departments.

For about a year prior to the opening of the Centre, negotiations were conducted with the Education Authority by means of joint conferences, and meetings between the School Medical Officers and the Medical Officer of Health, with a view to securing co-operation in the treatment of pre-school and school children, as recommended by the Scottish Board of Health. Resulting from this, the following minute was passed by the Education Authority: "The Clerk thereafter submitted Draft Memorandum prepared by the School Medical Officers, as instructed by the Committee at their meeting on 9th November, 1922, relative to the question of co-operation with the Public Health Committee of the Burgh of Motherwell and Wishaw. The meeting, having considered the terms of the memorandum, approved thereof, after discussion, and instructed the Clerk to ascertain on what terms and conditions facilities at the Welfare Centre in Motherwell could be made available for the treatment of ear, nose and throat cases, and report. The Memorandum by the School Medical Officers forms an Appendix to this Minute."

Accordingly, it was arranged in the case of the Ear, Nose and Throat Clinic, that both pre-school and school children would be treated, but that in the case of the Dental and Eye Clinics, school children would be excluded. In view, however, of the number and urgency of the applications made at the Clinic for the treatment of school children for diseases of the teeth and eyes, the whole question was raised time and again with the Scottish Board of Health, and pending a decision on the matter, a limited number of urgent cases in school children were dealt with and particularly those who were willing to pay a fee. At the end of 1924, no decision on the point had been announced by the Scottish Board of Health.

PAYMENTS FOR TREATMENT AT CLINICS. For the purpose of medical treatment at the Clinics a special income scale was adopted as a means of determining whether treatment should be free or whether a fee should be charged. The scale, which is similar to that adopted by the Education Authority for this purpose, and is considerably higher than the "food and milk" scale, is as follows: Treatment is free when the household income is not greater than—

13s per adult per week and
8s per child per week,

or than a minimum total income of

50s per week.

Where the household income is in excess of above scale, certain charges have been made tentatively for the various operations.

The following sums were recovered during the period towards cost of treatment:—

(1)From Education Authority, ...	£76	9	1
(2) From Parents, ...	78	0	0
(3) From Parish Council of Dalziel, ...	5	5	0
Total,	£159	14	1

Reports on the Clinics from the various Surgeons are given below:—

(1)—DENTAL CLINIC.

Report by Dental Surgeon.

During the latter part of 1923 and in 1924 the Dental Clinic has dealt with about 300 patients, the attendance being 496.

102 of these patients were treated under chloroform or other general anaesthetic (chiefly Ethyl Chloride), the remainder being treated with a local anaesthetic as required. The total number may be classified as follows:

Children under 5 years, ...	175
Children 5-15 years, ...	40
Expectant and Nursing Mothers, ...	45
Others (including Tuberculosis cases), ...	30

The preventive work has been less than I anticipated owing to the extent of caries in the mouths of the children who presented themselves for treatment, but where fillings and scalings were necessary, the treatment has been carried out.

On many occasions school children have presented themselves, and owing to the urgency of their condition I thought it advisable to treat them to give immediate relief.

It is to be regretted, however, that in the case of school children, where the number of extractions required warrants a general anaesthetic, the Regulations prevent such facilities being offered, except where the parent can afford to pay the full fee. Many necessitous school children applying for such treatment are turned away.

(Signed) Donald G. Fisher, L.D.S.

PROVISION OF DENTURES.—This provision was expressly excluded when the Dental Clinic was initiated. Experience has shown, however, that many expectant and nursing mothers will not have their septic teeth removed if they have no prospect of obtaining an artificial denture. It is regrettable that it has been necessary to refuse treatment in many such cases, and to leave their mouths in a condition which is a grave menace to health.

DENTAL CLINIC September, 1923-1924.

	New Cases		Attendances		OPERATIONS: General Anaesthetic		Local Anaesthetic		No Anaesthetic		Cases in which permanent teeth extracted		Cases in which temporary teeth extracted		Temporary Fillings (cases)		Permanent Fillings (cases)		Dressings and Scalings	
	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.
0-5 years ..					..	63	..	29	..	..	31	..	46	101	1	4	..	..	..	5
5-15 years ..					..	30	..	23	..	..	24	26	10	35	..	4	11	4	23	8
E. & N. Mothers					..	7	..	16	..	..	14	28	..	..	..	..	..	..	..	2
Tuberculosis ..					..	..	..	8	..	..	2	18	..	..	..	..	..	..	..	4
Others ..					..	2	..	12	..	..	..	18	..	..	..	..	..	..	..	7
	79	210	105	391	8	102	..	88	..	..	71	90	56	136	1	8	..	..	23	26

A. Period 1st September—31st December, 1923 B. Year 1924

(2)—OPHTHALMIC CLINIC.

Report on the Work done at the Ophthalmic Clinic During the Year 1924.

The Ophthalmic Clinic has now been open for the past 15 months for treatment. The number of new patients who attended during that period was 306, and the total number of consultations was 1200. 25 operations were performed.

During the year 1924, the number of patients attending the Eye Clinic for the first time was 269, and the total number of consultations was 1072, being a daily average of 24.3 patients for the 44 days on which the Clinic was open.

The numbers are detailed as follows: —

	New Cases.	Total No. of Attendances.
Children (age 0-5 years), ...	100	406
Children (age 5-14 years),	95	386
Adults, ...	74	220
Total, ...	269	1072

The number of operations performed during the year was 22, and are detailed as follows: —

Epilation of Lids for Blepharitis, ...	10
Excision of Chalagion, ...	3
Slitting Canaliculus, probing and douching Nasal duct, ...	4
Electrolysis for Trichiasis, ...	2
Advancement External Rectus and Tendon, Lengthening Intern Rectus, ...	2
Examination under Chloroform, ...	1
Total, ...	22

Number of General Anaesthetics given, 13.

The most important ocular troubles in children are (1) External diseases, comprising Blepharo Conjunctivitis; the various forms of Keratitis and Corneal Opacities; (2) Squint; (3) Myopia. They constitute the major number of the cases treated under 14 years of age. Other diseases, in order of frequency, are Lachrymal duct affections, Cataract and intra-ocular affections. Among adults the bulk of the cases examined were errors of refraction, but cases of Cataract, Glaucoma and disease of the Choroid and Retina were not infrequent.

The Clinic has been opened for the prevention and treatment of existing Eye diseases which may have far reaching visual defects and even blindness with varying degrees of incapacity and misery in after life.

EXTERNAL EYE DISEASES. A very considerable number of cases (47.2 per cent. under 14 years of age) have been successfully treated during the year. They occur almost wholly among children shewing malnutrition and a lack of personal cleanliness. The prevalence may be taken as an index of personal cleanliness and for the prevention of which one must look to improvements in the housing and social condition of their families.

SQUINT. The percentage of Squint cases under 14 years of age was 27.6 per cent. This is a defect which needs more attention in the future than it has been having in the past. It has been stated that as many as 75 per cent. of squint cases appear before the fifth year of life. The treatment of these young squinters depends very largely upon the stage at which the defect is found, and on the practicability of carrying out desirable or necessary measures. In early cases, in addition to the correction of the error of refraction present, occlusion and the installation of Atropine are very useful, and many successful results have been obtained. In long standing cases and in cases which fail within a reasonable time to be corrected by glasses, operative treatment is attended by excellent results, but it should be resorted to early if good vision as well as the correction of the deformity is to be obtained.

It is unfortunate that there is no provision for this operative treatment in squint patients in respect that bed accommodation in connection with the Clinic is lacking. The same lack of facility also applies to the treatment of cases of Cataract, Lachrymal sac conditions and to severe corneal conditions. Cases of Squint, Hypopyon Ulcer and Dakruocystitis have been operated on and sent home and attended there, but this is not an ideal method of after treatment in operation cases.

Operative cases (unless urgent) in many instances have to wait months before admission to beds in a Hospital, and, in consequence, in addition to the deleterious effects on them of delay, they get lost before any remedial operation is carried out.

In conclusion, I have gratefully to acknowledge the services of my colleagues of the Medical and Nursing Staff.

(Sgd.) John A. Mortimer, M.D., M.R.C.P., (Edinburgh).

(3)—EAR, NOSE AND THROAT CLINIC.

Report of Surgeon.

The report on the work at the Child Welfare Centre in connection with diseases of Ear, Nose and Throat, since its inception in September, 1923, is as under:—

The 1170 attendances on 350 cases are proof of the need of such a Centre in such a busy industrial burgh: the figures speak for themselves. The results have, I think, been satisfactory. The thing lacking, which would make the work quite satisfactory is a few beds and a few nurses, so that cases could be treated to a conclusion, e.g., at present some of the more serious and refractory cases have to be sent to Glasgow for operation. I hope that the report of the Hospitals Commission may help in this direction.

James Adam, M.D., F.R.F.P.S.

EAR, NOSE AND THROAT CLINIC.

Record of Work done during Year 1924.

		Operations			Detailed Record of Operations & other Treatment																				
					Ear									Nose					Throat			Other		
New Cases	Attendances	Under General Anaesthetic	Others		Paracentasis	Polypi	Intra-Tymp. Douche	Ionisation	Cautery	Local Application	Removal of Cerumen	Foreign Body		Resection of Septum	Turbinals	Polypi	Antrum	Cautery	Local Application	Enucleation of Tonsils	Removal of Adenoids	Removal of T. & A.	Extraction of Teeth	Mastoid	Other
247	847	161	74		3	2	4	18	1	18	2	1		8	15	2	1	7	23	23	51	56	2	1	9

Record of work done for period, September to December, 1923:

112 New Cases.
324 Attendances.
54 Operations under general anaesthetic.

(4)—GENERAL CLINIC.

A large number of minor ailments have been referred to the nursing staff of the Centre for daily nursing treatment, with excellent results. The Clinic is held at 2 p.m. daily, and

results are checked once weekly or at intervals, by the Doctor sending the case. Most of the cases are referred from the Child Welfare Consultations, and include cases of Impetigo, Eczema, Scabies, Umbilical Hernia. There are also cases from the Eye Clinic, chiefly Conjunctivitis, Blepharitis and Corneal Ulcer, and cases from the Ear, Nose and Throat Clinic, chiefly Otorrhoea. In the latter, a considerable number of Ionisation treatments have been done.

TABLE No. 4.

GENERAL CLINIC, 1924.

EAR.	NOSE AND THROAT.	EYE.	SKIN.	VARIOUS.	TOTAL CASES.	TOTAL ATTENDANCES.
47		38	62	59	206	1508

(5)—X-RAY DEPARTMENT.

An up-to-date X-Ray apparatus is installed in the Centre, and is under the charge of Dr Brodie, Assistant Medical Officer of Health. The following shews the work done, as far as Child Welfare is concerned. The figures are exclusive of X-Ray work done in Tuberculosis cases.

INJURIES, ETC.,	RICKETS.	RADIOGRAPHY.	LOCAL APPLICATIONS.	RINGWORM—LOCAL APPLICATIONS.
57	113	17	3	4

194 Cases; 194 Attendances.

(6)—ARTIFICIAL SUNLIGHT CLINIC.

This is referred to in the Preface to this Report, page 15.

(7)—RINGWORM CLINIC.

The Local Authority undertakes the treatment of Ringworm, as an Infectious Disease. A Ringworm Clinic is held in the Isolation Room of the Centre, once weekly. Practically all scalp cases are treated by the Ethyl Chloride and Iodine method. A few refractory cases are treated by X-Rays.

There were 248 attendances made at this Clinic during the period.

PROVISION OF INSULIN.

No applications for Insulin in the Maternity and Child Welfare categories were made.

(11) PLAY CENTRE AND NURSERY.

This is referred to in the Preface, page 14.

(12)—FOOD AND MILK.

The income scale by which cases are deemed "necessitous" for this purpose is as follows:—

Food and milk is provided where the income does not exceed:—

For a family of 2 persons,	9s	per head.
For a family of 3 persons,	8s	per head.
For a family of 4 persons,	6s 6d	per head.
For a family of 5 persons,	6s	per head.

During 1922, one case was prosecuted for fraudulently altering the figures of quantity in a milk line. A fine of £1 was imposed.

A fair proportion of new cases applying for food and milk are seen by the Medical Officer, but only a small proportion are seen each month thereafter. The following are the figures:—

	1922	1923	1924
(a) No. of new cases granted Food and Milk Lines—			
(1) Expectant and Nursing Mothers, ...	520	331	295
(2) Infants and Pre-school Children, ...	1143*	274	247
Total number of applications granted (including monthly renewals)—			
(1) Expectant and Nursing Mothers, ...	1138	1038	1465
(2) Infants and Pre-school children, ...	2260	1565	1513
No. of Expectant and Nursing Mothers granted daily dinners, ...	——	——	61
No. of Nursing and Expectant Mothers granted daily dinners on Medical Certificate, ...	——	——	61
Total No. of Dinners supplied, ...	——	——	2387
(b) No. of New Cases granted Food and Milk Lines on Medical Certificate, ...	——	——	211
No. of applications (including monthly renewals) medically certified—			
(1) Expectant and Nursing Mothers,	——	——	37
(2) Infants and Pre-school Children, ...	——	——	335
(c) No. of cases under (b) certified as necessitous, ...	——	——	190

(d) Gross cost:—	1922	1923	1924
Food and Milk Lines, ...	£3536 15 0	£1064 8 0	£1384 19 8

*During the year 1922 lines were granted to children up to five years of age. During the years 1923-24, lines were granted to children up to two years of age.

DINNERS—

	1924
Food Provided,	£85 3 0
Domestic attendance,	£16 13 4
Total,	£101 16 4

Average cost per dinner, 10¼d.

(c) Supply of Milk Substitutes.—This department is run by voluntary workers with the assistance of the clerical staff of the Centre. A note of the work done is found in the Preface (d) Voluntary Workers' Department, page 14.

DINNERS TO EXPECTANT AND NURSING MOTHERS.
See Preface, page 15.

(13)—MEASLES AND WHOOPING COUGH.

During 1924, a proposal was before the Hospitals Committee for the notification of the first case of Measles and Whooping Cough in each house. This had not been brought into operation at the close of the year.

	1922	1923	1924
Deaths from Measles, ...	102	5	31
Deaths from Whooping Cough, ...	27	30	15

HOSPITAL TREATMENT.

The accommodation so far available at the Infectious Diseases Hospital does not permit of the admission of cases of Measles and Whooping Cough.

(15)—OPHTHALMIA NEONATORUM.

	1922	1923	1924
Cases Notified—By Doctors, ...	14	7	16
By Midwives, ...	7	8	4
	21	15	20
No. of Visits paid by Health Visitors, ...	253	274	360
Swabs taken, ...	6	6	6

	1922—POS.	NEG.	1923—POS.	NEG.	1924—POS.	NEG.
Results, ...	1	5	1	4	1	4
			1 doubtful		1 doubtful	

REPORT AT FIRST VISIT OF HEALTH VISITOR.

	1922	1923	1924
"Severe,"	8	9	—
"Mild,"	13	4	20
"Clear when visited,"	—	1	—

REPORT AT FINAL VISIT OF HEALTH VISITOR.

	1922	1923	1924
"Eyes Clear—No Opacity,"	All cases.	All cases.	18 Cases. 1 case died from prematurity. 1 case removed from district.

HOUSING CONDITIONS.

	1923	1924
Cases in one roomed houses, ...	2	3
Cases in two roomed houses, ...	11	16
Cases in three roomed houses, ...	2	1

(16)—EPIDEMIC DIARRHOEA.

Cases of this disease coming to the notice of the Health Visitors are referred to the Child Welfare Centre for consultation. Where Hospital treatment is indicated, arrangements are made for admission of the case to the Infectious Diseases Hospital. During the three years 96 cases of Enteritis were treated in Hospital. Details may be found in the Hospital Report, page 93.

(17)—MATERNITY HOSPITALS OR HOMES.

	1922	1923	1924
Confinement cases belonging to the Burgh of Motherwell and Wishaw, treated in Glasgow Royal Maternity Hospital, and in Bellshill Maternity Hospital, ...	24	46	—
Ante-natal cases treated in Glasgow Royal Maternity Hospital, ...	7	16	2
Cost of cases treated in Glasgow Royal Maternity Hospital, ...	£10 9 3	£17 10 0	£3 10 6

MATERNITY HOME, MOTHERWELL.

For general comments on the Maternity Home, see Preface page 18.

GENERAL STATISTICS.

	1923 (PERIOD JUNE-DEC.)	1924
Mothers admitted, ...	51	297
Confinements, ...	46	294
Babies born alive, ...	42	283
Twin births, ...	—	3
Prematures, ...	1	3
Still-births, ...	3	14

(I.) ANTE-NATAL CASES

	1923		1924
(a) No. of cases treated, ...	6	...	5
(b) Statement of conditions found, ...	1 Cardiac. 5 Albuminuria and Eclampsia.		1 Pernicious Vomiting. 3 Albuminuria or Eclampsia. 1 Cardiac.
(c) Results of treatment	Recoveries, 5 Deaths— 1 Eclampsia.		Recoveries, 3 Deaths— 1 Eclampsia. 1 Pernicious Vomiting.

(II.) ABORTIONS—There were no cases of Abortion treated during the years 1923 and 1924.

(III.) ABNORMAL OR COMPLICATED CONFINEMENTS.

	1923 (PERIOD JUNE-DEC.)		1924
(a) and (b) Conditions—			
Face Presentation, ...	1	...	2
Breech Presentation, ...	—	...	2
Prolapsed Cord, ...	—	...	2
Hydrocephalic Child, ...	—	...	1
Eclampsia, ...	—	...	3
Ante Partum Haemorrhage	—	...	1
Contracted Pelvis, ...	—	...	1
Induction of Labour, ...	2	...	—
Placenta Praevia, ...	—	...	1
	3	...	13
(c) Results—	Recoveries, 2 Deaths— 1 Eclampsia.		Recoveries, 10 Deaths— 1 Heart Failure. Difficult labour: Hydrocephalic child. 1 Eclampsia. 1 Ante-partum haemorrhage.

(IV) OTHER CASES OF CONFINEMENT

	1923		1924
(a) Normal deliveries, ...	39	...	256
(b) No. of cases delivered without medical assistance at delivery, ...	38	...	212

	1923		1924
(c) No. of instrumental deliveries (other than those appearing under abnormal or complicated confinements), ...	4	...	25
(d) No. of cases of Morbidity (B.M.A. Standard, i.e., Temp. 100 deg. F. on 2 occasions from 2nd to 8th day after delivery),	2	...	26
(e) No. of cases of Morbidity in which delivery was instrumental, ...	—	...	9
(f) No. of deaths, ...	—	...	1 (Post-partum Haemorrhage).

Thus, if abnormal or complicated confinements are excluded, the forceps cases amounted to 9.3 per cent. and 8.9 per cent. in 1923 and 1924 respectively.

In the interests of mother and child every effort is made to keep the number of forceps cases as low as possible.

(V.) RECEIPTS FROM PATIENTS—

1923 (PERIOD JUNE-DEC.)	1924
£76 5 0	£633 4 6

The charges made are at the rate of £1 per week for cases accommodated in wards: for semi-private room, £2 2s; and for private room, £4 4s.

(VI) NUMBER OF INFANTS BORN

	1923 (PERIOD JUNE-DEC.)		1924
(a) (1) Live, ...	42	...	289
(2) Still-born, ...	3	...	14
(b) No. of cases of twins—			
(1) Live, ...	—	...	3
(2) Still-born, ...	—	...	—

(VII) NUMBER OF DEATHS OF INFANTS

	1923 (PERIOD JUNE-DEC.)		1924
Under 8 days old, ...	—	...	5

Causes of death—

Pupura Haemorrhagica, 1
Icterus Neonatorum, 1
Prematurity, ... 3

(VIII) NUMBER OF CASES OF PUERPERAL SEPSIS REMOVED FROM INSTITUTION—

1923 (PERIOD JUNE-DEC.)		1924
nil.	...	nil.

URINE TEST. In all cases, at the time of booking, a urine test is made, and repeated at monthly or more frequent intervals, except in cases where the patient prefers to consult her own doctor for this purpose. The number of tests made during 1924 was 184, and albuminuria was discovered in 17 cases, 5 being loaded with albumen, and 12 having a trace. Appropriate action was taken to have these cases supervised and treated.

No provision was made for the following:—

(18) Homes for unmarried mothers before and after confinement.

(19) Hospitals for Sick Children.

(20) Convalescent Homes.

(21) Boarding out.

(22) Home Helps.

(25) After-care of Poliomyelitis.

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(23)—EDUCATIONAL.

Public Lectures. See Preface, page 14.

Classes in Cookery and Cutting Out. See Preface, page 13.

SECTION III.

INFECTIOUS DISEASES

In the table on next page is given the number of notifications of each Infectious Disease for the period, together with the number of cases treated in Hospital and the case mortality rate per cent.

INFECTIOUS DISEASES AND HOUSING.

For the years 1923 and 1924 a report has been prepared upon the number of cases of each infectious disease occurring in houses of sizes varying from 1-6 rooms. The following table sets out these figures for Scarlet Fever, Diphtheria and Pneumonia. the number of cases of the other diseases being too small to be of statistical value. From the known number of persons living in houses of each class as ascertained at the Census of 1921, it has been possible to calculate the attack rate or incidence rate per 1000 persons living in each class of house.

TABLE—RELATION OF SIZE OF HOUSE TO INFECTION WITH SCARLET FEVER, DIPHTHERIA & PNEUMONIA.

Size of House.	Scarlet Fever. Cases Notified. 1923	1924	Diphtheria. Cases Notified. 1923	1924	Pneumonia. Cases Notified. 1923	1924
1 room,	64	75	26	41	52	158
2 rooms,	159	151	62	60	120	279
3 rooms,	45	58	14	16	28	58
4 rooms,	18	15	3	8	5	21
5 rooms,	6	5	2	4	4	7
6 rooms	7	3	2	3	—	5

Size of house.	Incidence rate per 1000 persons living in houses of each class.		Incidence rate per 1000 persons living in houses of each class.		Incidence rate per 1000 persons living in houses of each class.	
1 room,	4.8	5.7	1.9	3.1	3.9	11.9
2 rooms,	4.3	4.1	1.7	1.6	3.3	7.9
3 rooms,	3.8	5.0	1.2	1.4	2.4	4.9
4 rooms,	6.1	5.0	1.0	2.7	1.7	7.1
5 rooms,	5.8	4.9	1.9	3.8	3.9	6.8
6 rooms,	8.3	3.6	2.3	3.5	—	4.8

It will be noted that in the case of Scarlet Fever and Diphtheria the attack rate hardly varies at all with size of house. In the case of Pneumonia, however, a disease whose spread appears to be greatly assisted by a germ-laden atmosphere associated with over-crowding, the attack rate is considerably higher in the one-roomed and, to a lesser extent, in the two-roomed house.

INFECTIOUS DISEASES—NOTIFICATIONS AND HOSPITAL TREATMENT.

Diseases.	Cases Notified.			Treated in Hospital. No. of Cases.			Mortality Rate %		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Scarlet Fever, ...	340	302	314	331	294	305	2.3	2.3	3.8
Diphtheria, ...	107	108	134	98	101	130	1.8	2.7	6.1
Enteric Fever, ...	12	11	3	12	10	2	—	9.0	—
Cerebro Spinal Fever, ...	5	6	4	4	6	4	25.0	66.6	85.0
Puerperal Fever, ...	8	11	14	7	11	13	14.0	45.4	16.6
Erysipelas, ...	44	28	45	7	[illegible]	8	[illegible]	3.5	—
Ophthalmia Neonatorum, ...	21	15	20	[illegible]	2	3	—	[illegible]	—
Acute Primary Pneumonia, ... } Acute Influenzal Pneumonia, ... } ...	315	213	450	43	50	97	18.6	14.0	15.9
*Pneumonia, following Measles, ...	—	—	68	—	[illegible]	1	[illegible]	[illegible]	—
*Pneumonia, following Whooping Cough, ...	[illegible]	[illegible]	13	—	—	2	[illegible]	[illegible]	—
Pulmonary Tuberculosis, ...	114	113	91	76	66	72	—	—	—
Non-Pulmonary Tuberculosis, ...	126	98	94	44	45	55	—	—	—
†Enteritis and Malnutrition, ...	36	43	38	36	43	35	8.1	11.6	14.2
Measles, ...	1	1	1	[illegible]	—	2	—	[illegible]	—
Dysentery, ...	—	2	—	—	1	—	—	—	—
Chickenpox, ...	[illegible]	63	[illegible]	—	—	—	[illegible]	[illegible]	[illegible]
Encephalitis Lethargica, ...	—	—	11	—	[illegible]	4	[illegible]	[illegible]	—

*Made notifiable March, 1924.

†Intimated from the Child Welfare Centres only.

SMALLPOX AND VACCINATION.

No cases of Smallpox occurred during the period.

The number of conscientious objectors to vaccination in each year since 1908 is as follows:—

Year.	Statutory Declarations.
(Motherwell.)	
1908	213
1909	316
1910	385
1911	371
1912	404
1913	503
1914	494
1915	400
1916	451
1917	427
1918	448
1919	424
1920	368
(Motherwell & Wishaw.)	
1921	586
1922	623
1923	517
1924	505

SCARLET FEVER.

During the three years, Scarlet Fever was comparatively low in prevalence. In view of the well-known tendency of this disease to recur in epidemic form at intervals of 5-7 years, a considerable increase in prevalence may be expected in the near future. It is fortunate that the Hospital accommodation is likely to be reinforced by the opening of a new pavilion before the epidemic comes upon us.

The cases notified were distributed in Wards as follows:—

Ward.	Cases.			Incidence Rate per 1000 of Population.		
	1922	1923	1924	1922	1923	1924
1	49	32	45	5.9	4.0	5.7
2	24	28	16	3.9	5.3	2.7
3	43	56	38	4.4	5.9	3.9
4	37	18	39	5.6	2.8	6.0
5	58	50	68	5.4	4.8	6.4
6	58	44	48	5.7	4.6	4.9
7	42	24	31	6.6	3.9	4.9
8	17	35	17	2.6	5.9	2.8
9	12	15	12	2.6	2.9	2.2

AGE AND SEX DISTRIBUTION AND MORTALITY.

Age.	Cases.			Deaths.		
	1922	1923	1924	1922	1923	1924
Under 1 year, ...	2	1	1	–	–	–
1 to 5 years, ...	83	64	73	5	5	9
5 to 15 years, ...	219	196	203	2	2	3
15 to 25 years, ...	28	30	26	1	–	–
25 to 45 years, ...	8	11	9	–	–	–
45 to 65 years, ...	–	–	2	–	–	–
Total, ...	340	302	314	8	7	12
Males, ...	137	149	157			
Females, ...	203	153	157			

OTITIS MEDIA.

Attention is drawn to the Motherwell Burgh Hospital Report, page 87, which shews that for the six year period, 1919-1924, the average incidence of suppurative middle ear disease following Scarlet Fever is only 5.07 per cent. Of the 85 cases in which the ear dicharged, 69, or 81 per cent. were dismissed with ear dry at least 7 days prior to dismissal. To deal with the remaining 19 per cent. a system of clinic treatment is required.

DIPHTHERIA.

Diphtheria was of average prevalence, there being 107, 109 and 134 cases of the disease notified in the 3 years.

Ward.	Cases.			Incidence Rate per 1000 of Population.		
	1922	1923	1924	1922	1923	1924
1 ...	12	9	11	1.4	1.1	1.3
2 ...	4	9	15	.6	1.5	2.5
3 ...	15	12	9	1.5	1.3	.9
4 ...	13	12	20	1.9	1.8	2.3
5 ...	22	15	24	2.0	1.4	2.2
6 ...	15	16	17	1.4	1.6	1.7
7 ...	9	18	9	1.4	2.9	1.4
8 ...	5	11	17	.7	1.8	2.8
9 ...	12	7	12	2.3	1.3	2.2

AGE AND SEX DISTRIBUTION AND MORTALITY.

Age.	Cases.			Deaths.		
	1922	1923	1924	1922	1923	1924
Under 1 year, ...	2	2	1	—	—	—
1 to 5 years, ...	39	30	38	1	2	3
5 to 15 years, ...	51	61	82	1	1	3
15 to 25 years, ...	12	11	9	—	—	1
25 to 35 years, ...	1	4	4	—	—	—
35 to 45 years, ...	2	1	—	—	—	—
Total, ...	107	109	134	2	3	7
Males, ...	53	49	58			
Females, ...	54	60	76			

INCIDENCE AND MORTALITY FROM DIPHTHERIA DURING THE PAST 15 YEARS.

Year.	Cases.	Deaths.	Case Mortality Rate.	Death Rate per 1000 of Population.
		Motherwell only.		
1910 ...	121 ...	12 ...	9.9% ...	.29
1911 ...	207 ...	17 ...	8.2% ...	.41
1912 ...	98 ...	8 ...	7.9% ...	.19
1913 ...	56 ...	7 ...	12.2% ...	.17
1914 ...	89 ...	9 ...	10.1% ...	.21
1915 ...	38 ...	10 ...	26.3% ...	.24
1916 ...	42 ...	2 ...	4.7% ...	.04
1917 ...	43 ...	4 ...	9.3% ...	.09
1918 ...	52 ...	5 ...	9.6% ...	.11
1919 ...	80 ...	4 ...	5.0% ...	.09
1920 ...	99 ...	9 ...	9.1% ...	.21
		Motherwell and Wishaw.		
1921 ...	143 ...	12 ...	8.3% ...	.17
1922 ...	107 ...	2 ...	1.8% ...	.02
1923 ...	109 ...	3 ...	2.7% ...	.04
1924 ...	134 ...	9 ...	6.8% ...	.12

ENTERIC FEVER.

This disease is rapidly dying out. There were no more than three cases notified in the year 1924. Out of 26 cases notified in the 3 years, 10 cases were from the Motherwell area and 16 cases from the Wishaw area. It has been noted for some time that Enteric Fever is more prevalent in the Wishaw area.

Ward.	Cases. 1922	1923	1924
1	1	2	—
2	1	1	—
3	—	—	—
4	1	2	—
5	—	1	1
6	1	1	1
7	1	1	—
8	4	2	1
9	3	1	—
	12	11	3

AGE AND SEX DISTRIBUTION AND MORTALITY.

Age.	Cases. 1922	1923	1924	Deaths. 1922	1923	1924
Under 1 year,	—	—	—	—	—	—
1 to 5 years,	—	1	—	—	—	—
5 to 15 years,	3	5	—	—	—	—
15 to 25 years,	1	3	1	1	1	—
25 to 45 years,	5	1	2	—	—	—
45 to 65 years,	3	1	—	—	—	—
Total,	12	11	3	1	1	—
Males,	7	4	1			
Females,	5	7	2			

HOUSING ACCOMMODATION.

	1923	1924
Cases in one roomed houses,	4	1
Cases in two roomed houses,	3	—
Cases in three roomed houses	2	1
Cases in four roomed houses,	1	—
Cases in seven roomed houses,	—	1
Cases in twelve roomed houses,	1	—
	11	3

CEREBRO-SPINAL FEVER.

This disease has been practically absent from the district for four or five years. During the three years 16 cases were notified as possible Cerebro-Spinal Fever, but it was found that only 2 of those were true cases of the disease. Both cases died.

ERYSIPELAS.

117 cases were notified during the three years, and of those 15 were removed to Hospital.

AGE AND SEX DISTRIBUTION.

Age.	Cases.		
	1922	1923	1924
Under 1 year, ...	2	—	1
1 and under 5 years, ...	4	1	1
5 and under 15 years, ...	1	1	—
15 and under 25 years, ...	3	2	6
25 and under 45 years, ...	15	11	10
45 and under 65 years, ...	15	12	19
65 and upwards, ...	4	1	8
Total, ...	44	28	45
Males, ...	19	15	23
Females, ...	25	13	22

HOUSING CONDITIONS.

	1923	1924
Cases in one apartment houses, ...	5	8
Cases in two apartment houses, ...	18	25
Cases in three apartment houses,	2	4
Cases in four apartment houses, ...	2	1
Cases in five apartment houses, ...	-	4
Cases in six apartment houses, ...	1	2
Cases in common lodging houses,	—	1
	28	45

PUERPERAL FEVER.

The notifications of Puerperal Fever in any area seem to depend largely upon the Hospital facilities provided in the district. As practically all the notified cases are removed to Hospital in this area, the number of notifications is high.

NOTIFICATIONS.

	1922	1923	1924
15 to 25 years, ...		2	1
25 to 45 years, ...		9	12
Total, ...	9	11	13

HOUSING CONDITIONS.

	1924
Cases in one roomed houses, ...	3
Cases in two roomed houses, ...	9
Cases in three roomed houses, ...	1
	13

CHICKENPOX.

In view of the presence of Smallpox in Scotland in 1923, this disease was made compulsorily notifiable by order of the Scottish Board of Health from 1st August to 31st December, 1923.

There were 63 cases notified. None was removed to Hospital.

HOUSING CONDITIONS.

	1923
Cases in one roomed houses, ...	24
Cases in two roomed houses, ...	26
Cases in three roomed houses, ...	6
Cases in four roomed houses, ...	4
Cases in five and over, ...	3

PNEUMONIA.

Acute Primary Pneumonia and Acute Influenzal Pneumonia were made compulsorily notifiable by the Pneumonia, Malaria, Dysentery Regulations of 1919. In March, 1924, by a special resolution of the Local Authority, Pneumonia (all forms) was made compulsorily notifiable within the Burgh. This accounts for the large increase of notifications in 1924.

During 1924, 100 verified cases of Pneumonia were treated in Hospital. Reference to the Hospital Report, pages 88-89, shews the progress of the Hospital treatment of Pneumonia since 1919.

NOTIFICATIONS, DEATHS AND AGE DISTRIBUTION.

	1922	1923	1924
Cases Notified, ...	315	213	531
Deaths, ...	70	34	86

Age.	1922	1923	1924
Under 1 year, ...	—	13	44
1 to 5 years, ...	—	59	203
5 to 15 years, ...	—	64	137
15 to 25 years, ...	—	19	47
25 to 45 years, ...	—	34	53
45 to 65 years, ...	—	20	39
65 years, ...	—	4	8
	—	213	531

WARD DISTRIBUTION.

Wards.	1923	1924
1	19	62
2	22	47
3	26	68
4	14	62
5	26	80
6	46	107
7	22	48
8	32	30
9	6	27

It is to be noted that the notifications of Pneumonia for Ward 6 are unduly high.

For Housing conditions in Pneumonia, see page 56.

DYSENTERY.

Two cases were notified during the period, both in the year 1923. Of these, one occurred in a house of one room, and one in a house of two rooms.

ENCEPHALITIS LETHARGICA (Sleepy Sickness).

A mild recrudescence of this disease occurred in 1924, when 11 cases were notified. Four cases were removed to Hospital, and all four recovered.

OPHTHALMIA NEONATORUM.

This disease is dealt with in the Maternity and Child Welfare Report, page 51.

RINGWORM AND SCABIES.

These contagious skin diseases, while not compulsorily notifiable, have been treated by the Local Authority since 1921. Ringworm is treated at the Ringworm Clinic in the Child Welfare Centre, a report of which is found on page 49.

SCABIES is treated by the Danish method, using Marcussen's Ointment or Kathiolan, as described in my Annual Report for 1921. This has been eminently successful, one application of the ointment only being required as a rule. The cases are treated either in the bath-room of the Child Welfare Centre or at home. Supplies of the ointment are issued to Medical Practitioners on request. Knowledge of the cases is obtained either from Medical Practitioners or by intimation from the School Medical Officers. The Health Visitor follows up all such cases and supervises treatment, endeavouring in all cases to discover and bring under treatment all affected cases in the household. No disinfection of clothing or fomites is carried out by the Local Authority, as this appears to be unnecessary.

The following figures relate to this provision:—

SCABIES.—TREATMENT BY DANISH METHOD (Kathiolan).

Cases Brought to Notice of Local Authority.			No. of Visits by Health Visitors.			Results of Treatment as Reported by Health Visitors.		
1922	1923	1924	1922	1923	1924	1922	1923	1924
						Cured—		
101	55	50	445	291	207	101	55	50
						Recurrences—	nil.	nil.	nil.

	1922	1923	1924
Cost of Ointment, less Receipts, ...	£9 5s	£6 14s	£6 10s

NON-NOTIFIABLE INFECTIOUS OR CONTAGIOUS DISEASE.

Cases of Non-notifiable infectious disease coming under observation during school medical inspections are notified by the School Medical Officers to the Medical Officer of Health. Such cases are visited by the Health Visitors and treated at home or at the Child Welfare Clinics, by the Local Authority. The following table shows details of those cases:—

	Cases.			No. of Visits by Health Visitors.		
	1922	1923	1924	1922	1923	1924
Scabies, ...	13	8	2	56	35	9
Ringworm, ...	8	7	1	29	17	2
Impetigo, ...	20	16	7	60	112	47
Eczema, ...	4	1	—	12	4	—
Scabs of Head, ...	1	—	—	6	—	—
Conjunctivitis, ...	2	—	1	4	—	3
Mumps, ...	—	1	—	—	2	—
Measles, ...	—	2	—	—	5	—
Measles contacts,	—	2	—	—	4	—

VENEREAL DISEASES.—See Preface, pages 20-21.

SECTION IV

TUBERCULOSIS

A brief comment on the Tuberculosis work of the Burgh is made in Preface, page 20.

The relation of Tuberculosis and Housing has been dealt with in the Preface, page 9.

In the Report which follows, the high prevalence of Tuberculosis in Ward VI. (Craigneuk) should be noted. The Craigneuk housing and overcrowding are notoriously the worst in the Burgh.

The death rate from Tuberculosis for the period—the lowest on record—is referred to in the Preface, page 6, and a statistical statement shewing the remarkable decline in the deaths from Tuberculosis is given in Section I., pages 27-28.

Attention is drawn to the large number of attendances recorded at the Dispensaries, a fact which indicates the extent to which all known cases of Tuberculosis are kept under observation. It is to be noted that since proper Dispensary accommodation was provided in the Motherwell area in 1923, the attendances registered in that area have very greatly increased, and now considerably outnumber those recorded in Wishaw.

The number of known cases of Tuberculosis kept under observation in the Burgh was as follows:—

Year.	Pulmonary.	Other Forms.	Total.
1922	271	232	503
1923	325	288	613
1924	348	347	695

The following detailed statistical report has been prepared by the Executive Tuberculosis Officer, Dr T. Scott Brodie:—

TUBERCULOSIS NOTIFICATIONS.

	M.-1921-F.		M.-1922-F.		M.-1923-F.		M.-1924-F.	
Notified Pulmonary Cases,	40	47	73	44	58	55	40	51
From Registrar's Returns,	1	—	5	1	1	3	3	2
Notified other forms, ...	55	63	56	52	51	47	44	50
From Registrar's returns,	1	1	6	5	2	—	1	2
	97	111	140	102	112	105	88	105

HOUSING CONDITIONS.

Size of House.	No. of Cases.			Total No. of Persons in these Houses.			Average No. of Persons in each of these Houses.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
1 room,	77	85	52	443	429	311	5.75	5.04	5.87
2 rooms,	102	89	93	686	608	699	6.72	6.83	7.5
3 rooms,	25	24	26	167	162	192	6.68	6.75	7.4
4 rooms,	6	3	4	42	20	28	7.	6.66	7.
5 rooms,	3	5	3	22	36	27	7.3	7.2	9.
6 rooms,	1	—	—	6	—	—	—	—	—
Cases notified from Common Lodging Houses—									
	11	4	6	—	—	—	—	—	—
Case notified from a caravan—									
	—	1	—	—	—	—	—	—	—

DISTRIBUTION IN WARDS.

	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
Year 1922,	12	19	28	33	34	75	16	17	8
Year 1923,	22	15	30	38	20	39	26	16	11
Year 1924,	15	12	21	27	22	46	12	20	10

INSURED CONDITION.

	Males.			Females.		
	INS.	DEP.	UNINS.	INS.	DEP.	UNINS.
Year 1922, ...	60	70	10	11	84	7
Year 1923, ...	53	50	8	10	82	14
Year 1924, ...	31	44	10	17	76	7

	1922	1923	1924
First Visits and House Reports, ...	219	216	185
Supervisory Visits, ...	2623	2910	3176
Nursing Visits, ...	1801	2255	1901
Cases Nursed at Home, ...	52	43	30
Known cases in Burgh—Pulmonary, ...	291	353	383
Other, ...	211	260	312

Nourishment supplied to—	1922	1923	1924
125 cases at a cost of, ...	£455 2 7		
76 cases at a cost of, ...		£206 3 8	
41 cases at a cost of, ...			£169 7 4

LEFT DISTRICT—

	Pulmonary—M.	F.	Other forms—M.	F.	Total.
Year 1923, ...	8	5	11	11	... 35
Year 1924, ...	6	8	4	7	... 25

DIED—

Year 1923, ...	22	29	13	14	... 78
Year 1924, ...	21	26	20	12	... 79

PULMONARY TUBERCULOSIS NOTIFICATIONS.

	1922	1923	1924
Cases of Pulmonary Tuberculosis notified,	123	117	96

AGE PERIOD AND SEX OF PULMONARY CASES.

	Male.			Female.			Total.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Under 1 year, ...	1	—	—	—	—	—	1	—	—
1 but under 2 yrs.,	—	1	1	3	1	1	3	2	2
2 ,, ,, 5 ,,	3	2	2	3	2	3	6	4	5
5 ,, ,, 10 ,,	8	6	4	4	9	8	12	15	12
10 ,, ,, 15 ,,	5	4	1	8	10	6	13	14	7
15 ,, ,, 20 ,,	3	7	6	5	3	6	8	10	12
20 ,, ,, 25 ,,	9	6	6	5	5	6	14	11	12
25 ,, ,, 30 ,,	11	10	5	4	7	4	15	17	9
30 ,, ,, 35 ,,	11	3	3	5	5	5	16	8	8
35 ,, ,, 40 ,,	7	3	3	1	3	5	8	6	8
40 ,, ,, 45 ,,	10	3	5	4	3	4	14	6	9
45 ,, ,, 50 ,,	2	3	2	2	4	2	4	7	4
50 ,, ,, 55 ,,	6	4	4	1	3	1	7	7	5
55 ,, ,, 60 ,,	1	3	1	—	—	1	1	3	2
60 ,, ,, 65 ,,	1	3	—	—	2	—	1	5	—
65 and over, ...	—	1	1	—	1	—	—	2	1
	78	59	44	45	58	52	123	117	96

OCCUPATIONS.

Males—	1922	1923	1924	Females—	1922	1923	1924
Schoolboys, ...	12	10	6	Housewives or Home duties,	18	27	25
Labourers, ...	25	9	7	Office Cleaner, ...	—	1	—
Moulder (iron), ...	—	1	—	Domestics, ...	4	1	5
Miners, ...	7	8	8	Shopkeeper, ...	—	1	—
Draper, ...	—	1	—	School-girls, ...	9	12	12
Steelworkers, ...	8	2	5	Cement worker,	—	1	—
Riveter, ...	—	1	—	Shop girls, ...	—	—	2
Clerks, ...	1	2	3	Typist, ...	—	1	—
Blacksmith, ...	1	1	—	School teacher,	—	—	1
Ironworker, ...	—	6	1	Tracer, ...	1	1	—
Dental Mechanic,	—	1	—	Clerkess, ...	—	—	1
Hammerman, ...	—	—	1	Fruit Picker, ...	1	—	—
Engine keepers,...	—	2	—	Dispenser, ...	—	—	1
Tubeworker, ...	—	—	1	Factory worker,	2	1	—
Baker, ...	—	1	—	Ward maid, ...	—	—	1
Motorman, ...	—	—	1	Student, ...	1	—	—
Farm Labourer,...	—	1	—	Pit worker, ...	—	—	1
Pointsman, ...	—	—	1	Nurses, ...	2	—	—
Ex-Service men,	9	—	—				

Males—	1922	1923	1924	Females—	1922	1923	1924
Painter, ...	—	—	1	Nil, ...	7	5	3
Butcher, ...	—	—	1	Hawkers, ...	—	2	—
Weaver (factory),	—	1	—				
Engineer, ...	—	3	1				
Joiners, ...	—	2	—				
Student, ...	—	—	1				
Chauffeur, ...	—	1	—				
Salesmen (travelling), ...	2	—	1				
Railway Porter,...	—	1	—				
Message boys, ...	—	—	2				
Hawkers,... ...	3	1	—				
Shoemakers, ...	2	—	—				
Railway Guard,...	1	—	—				
Electrician, ...	1	—	—				
Barman, ...	1	—	—				
Nil, ...	5	4	3				

DISTRIBUTION IN WARDS.

	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
Year 1922,	8	4	15	14	16	40	9	11	6
Year 1923,	10	11	14	22	7	19	14	10	10
Year 1924,	8	4	14	13	11	21	9	11	5

INSURED CONDITION.

	Males.			Females.		
	INS.	DEP.	UNINS.	INS.	DEP.	UNINS.
Year 1922, ...	52	19	7	5	35	5
Year 1923, ...	43	13	3	6	47	5
Year 1924, ...	29	12	3	14	32	6

INSTITUTIONAL TREATMENT.

	1922	1923	1924
Notified cases received for treatment, ...	76	70	74

DURATION OF LIFE AFTER NOTIFICATION OF ABOVE CASES.

	1922	1923	1924
Dead on notification, ...	—	3	1
Died within one week, ...	3	4	2
Died within one month, ...	3	5	9
Died within two months, ...	6	—	—
Died within three months, ...	4	6	4
Died within six months, ...	5	5	2
Died within nine months, ...	—	2	3
Died within twelve months, ...	—	2	—
	21	27	21

NON-PULMONARY TUBERCULOSIS NOTIFICATIONS.

	1922	1923	1924
Notifications received, ...	119	100	97

AGE PERIOD AND SEX OF NON- PULMONARY CASES.

	Males.			Females.			Total.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Under 1 year, ...	4	3	6	1	1	6	5	4	12
1 but under 2 yrs.,	7	4	8	7	5	7	14	9	15
2 ,, ,, 5 ,,	18	13	6	17	7	13	35	20	19
5 ,, ,, 10 ,,	13	8	12	13	12	13	26	20	25
10 ,, ,, 15 ,,	8	9	6	3	5	2	11	14	8
15 ,, ,, 20 ,,	5	8	5	7	7	2	12	15	7
20 ,, ,, 25 ,,	2	1	1	2	5	3	4	6	4
25 ,, ,, 30 ,,	2	5	—	1	3	—	3	8	—
30 ,, ,, 35 ,,	—	2	2	2	2	2	2	4	4
35 ,, ,, 40 ,,	—	—	—	—	—	2	—	—	2
45-55 years, ...	3	—	—	4	—	—	7	—	—
65 years, ...	—	—	1	—	—	—	—	—	1
	62	53	47	57	47	50	119	100	97

OCCUPATIONS.

Males--	1922	1923	1924	Females—	1922	1923	1924
Nil, ...	32	7	20	Nil, ...	29	16	29
Commercial Traveller, ...	—	1	—	Schoolgirls, ...	11	16	12
Schoolboys, ...	20	12	18	Housewives, ...	8	—	5
Joiner, ...	—	1	—	Domestics, ...	5	3	1
Ironworkers, ...	—	3	2	Home Duties, ...	—	9	—
Hammer-driver, ..	—	1	—	Dressmaker, ...	—	—	1
Engineers, ...	—	1	2	Factory worker,	—	1	—
Work's Chemist,	—	1	—	Clerkesses, ...	—	1	1
Miners, ...	1	2	1	Typist, ...	—	1	—
Bridgebuilder, ...	—	1	—	Student, ...	—	—	1
Stoneworker, ...	—	—	1	Fruit picker, ...	1	—	—
Barber, ...	—	1	—	Tailoress, ...	1	—	—
Pump-man, ...	—	—	1	Shop girl, ...	1	—	—
Barman, ...	1	—	—	Confectionery Worker,	1	—	—
Bakers, ...	1	—	1				
Shoemaker, ...	—	1	—				
Labourers, ...	3	—	1				
Ex-Service men,	2	—	—				
Steelworkers, ...	1	1	—				
Engine-driver, ...	1	—	—				

	1922	1923	1924
No. of cases received Hospital treatment,	44	41	43

DISTRIBUTION IN WARDS.

	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.
Year 1922,	4	15	13	19	18	35	7	6	2
Year 1923,	12	4	16	16	13	20	12	6	1
Year 1924,	8	9	11	12	13	23	6	10	5

INSURED CONDITION.

	Males.			Females.		
	INS.	DEP.	UNINS.	INS.	DEP.	UNINS.
Year 1922, ...	8	51	3	6	49	2
Year 1923, ...	10	37	5	4	35	9
Year 1924, ...	4	36	7	4	45	1

LESIONS.

	Males.			Females.			Total.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Abdomen, ...	29	13	15	23	15	19	52	28	34
Glands, ...	13	20	5	17	14	18	30	34	23
Bones and Joints,	9	10	11	10	9	4	19	19	15
Spine, ...	4	2	1	1	3	—	5	5	1
Meninges, ...	6	6	13	5	4	7	11	10	20
Skin, ...	—	—	2	—	—	—	—	—	2
Other, ...	1	3	—	1	1	2	2	4	2
							119	100	97

DISPENSARY ATTENDANCES.

Pulmonary—	Males.				Females.		
	1922	1923	1924		1922	1923	1924
Motherwell, ...	136	247	701	...	207	191	457
Wishaw, ...	260	320	282	...	230	179	189
	396	567	983		437	370	646

Other Forms	Males.				Females.		
	1922	1923	1924		1922	1923	1924
Motherwell, ...	147	369	343	...	248	406	611
Wishaw, ...	266	419	242	...	488	418	382
	413	788	585	...	736	824	993

Total (all forms)—	1922	1923	1924
Motherwell, ..	738	1213	2112
Wishaw, ...	1244	1336	1095
	1982	2549	3207

TUBERCULOSIS.

Cost of Special Nourishment, Drugs, etc., given to out-patients.

	1923				1924		
Prescriptions issued by Medical Practitioners, ...	£6	13	11½	...	£1	17	10
Malt and Cod Liver Oil, ...	0	7	1	...			
Virol, ...	1	6	2	...			
Emulsion, ...	15	6	11	...	35	12	2
Milk, Meal, etc., ...	182	9	6½	...	131	17	4
	£206	3	8		£169	7	4

SECTION V.

LABORATORIES

There are two small Bacteriological Laboratories in the Burgh, at Motherwell Hospital and Wishaw Hospital respectively. The materials examined are chiefly sputum for Tuberculosis and throat swabs for Diphtheria. Other tests are made from time to time as noted below. Blood cultures are occasionally made in Puerperal Septicaemia and in the first week of Enteric Fever. Autogenous vaccines have been made in cases of Septic absorption, etc.

Owing to the relatively small number of Widal tests for Enteric Fever now required, it was deemed expedient to send them to the County Laboratory, Hamilton, as the work of keeping up fresh cultures of B. Typhosus was not worth the trouble involved. All Wassermann blood tests for Syphilis are also performed at the County Laboratory, Hamilton, as part of the joint V.D. Scheme.

The following tables shew the work done at the two municipal laboratories:—

MOTHERWELL BURGH HOSPITAL LABORATORY.

(a) Specimens from Medical Practitioners—

Diseases and Material.	Total Specimens.			Positive.			Per Cent. Positive.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Sputum for T.B.,	131	90	62	18	16	8	13.7	17.7	12.9
Urine for T.B., ...	3	—	—	1	—	—			
Swabs for Diphtheria, ...	173	163	183	51	31	29	29.4	19.0	15.8
Swabs for Ophthalmia Neonatorum,	6	8	7	1	1	2	18.5	12.5	28.5
*Blood test, Enteric Fever (Widal),	23	39	21	13	15	3	56.5	38.4	14.2
Hairs, Ringworm,	9	3	1	6	1	—	66.6	33.3	—
Fluid for Cerebro-Spinal Fever,...	1	—	—	—	—	—	—	—	—
Faeces, ...	8	9	6	—	—	—	—	—	—
Urine for Sugar,	-	9	—	—	3	—	—	33.3	—
Swabs from teeth for Autogenous Vaccine, ...	1	—	—	—	—	—	—	—	—
Scrapings, ...	1	—	—	—	—	—	—	—	—
	356	321	280	90	67	42			

*Tests made at County Laboratory, Hamilton.

(b) Specimens from Motherwell Hospital—

Diseases and Material.	Total Specimens.			Positive.			Per Cent. Positive.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Sputum for T.B.	14	6	11	1	—	—	7.1	—	—
Fluid for Cerebro-Spinal Fever,...	8	1	2	5	—	1	62.6	—	50.0
Swabs for Diphtheria, ...	96	91	117	27	23	21	28.9	25.2	17.9
Swabs, Ophthalmia Neonatorum,	—	1	—	—	1	—	—	—	—
Swabs (Vaginal),	1	2	—	—	—	—	—	—	—
Blood test, Enteric Fever (Widal),	1	—	—	—	—	—	—	—	—
Blood Cultures for Enteric Fever,	1	—	—	—	—	—	—	—	—
Pus for T.B., ...	2	4	—	—	1	—	—	33.3	—
Urine for Organisms, ...	—	1	—	—	1	—	—	—	—
	123	106	130	33	26	22			

WISHAW HOSPITAL LABORATORY.

(a) Specimens from Medical Practitioners—

Diseases and Material.	Total Specimens.			Positive.			Per Cent. Positive.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Sputum for T.B.,	40	28	32	12	12	15	30.0	42.8	46.8
Urine for T.B.,	3	3	—	—	1	—	—	33.3	—
Smears, Diphth.,	20	13	16	7	10	12	35.0	76.9	75.0
Pus for T.B., ...	4	—	—	—	—	—	—	—	—
Smears, Gonococci,	2	—	—	2	—	—	100.0	—	—
Pus for Organism,	2	—	—	2	—	—	100.0	—	—
	71	44	48	23	23	27			

(b) Specimens from Wishaw Hospital, Dispensaries and Clinics.

Diseases and Material.	Total Specimens.			Positive.			Per Cent. Positive.		
	1922	1923	1924	1922	1923	1924	1922	1923	1924
Sputum for T.B.,	480	856	660	350	597	507	67.3	69.7	49.9
Pus for T.B. ...	10	14	20	6	4	8	60.0	28.5	40.0
Urine for T.B.,	5	4	—	—	—	—	—	—	—
Hairs, Ringworm,	87	120	102	50	69	58	57.4	57.5	56.8
	582	994	882	406	670	573			

SECTION VI.

HOUSING

A general statement shewing the housing shortage in the Burgh, the state of overcrowding and the relationship between defective housing and various conditions of ill-health, is set forth in the Preface, pages 6-10.

NUMBER OF INHABITED HOUSES IN THE VARIOUS WARDS OF THE BURGH.

WARD NO.	1922	1923	1924
1	1647	1564	1646
2	1307	1288	1315
3	2077	2065	2128
4	1204	1203	1199
5	2245	2183	2199
6	1755	1729	1704
7	1330	1313	1334
8	1284	1272	1292
9	962	1112	1148
	13811	13819	13965

HOUSING AND TOWN PLANNING ACTS, 1909-19

UNINHABITABLE HOUSES. The following numbers of houses within the Burgh were reported as unfit for human habitation during the year 1922:

WARD NO.	1922	WARD NO.	1922	WARD NO.	1922
1	26	4	59	7	52
2	—	5	24	8	94
3	98	6	303	9	57
				Total,	713

REPAIR OF HOUSES. Little progress is made towards the solution of the housing problem by exercising legal powers for securing the repair of houses. Practically all the houses which come under the notice of the Sanitary Inspector for the

purpose of repair are unfit houses. Hence it becomes an impossible matter to specify the works which must be carried out in order to render the house fit for habitation, as required by Section 25 of the Housing and Town Planning Act, 1919. A considerable number of minor repairs are effected either by serving notices under Section 25, H. and T. P. A., or, more commonly, by verbal arrangement with the factor or owner. Repairs of this nature cannot, however, render an "unfit" house fit for human habitation, although they may render it for a time somewhat more comfortable.

INSPECTIONS AND REPAIR OF HOUSES.

Section 25, H. and T. P. A., 1919.

	1922	1923	1924
No of House Inspections, ...	731	950	688
No. of Houses in respect of which repairs were carried out by statutory notice, or by verbal communication with owner or factor, ...	60	120	56
No. of Houses in which repairs were executed following above procedure, ...	60	120	56

NEW HOUSES OCCUPIED DURING YEARS—

	1922	1923	1924
North Lodge, ...	88	38	10
Coltness, ...	98	160	—
Jerviston, ...	—	—	46
Others, ...	2	18	52
	188	198	108

NEW HOUSES IN COURSE OF ERECTION.

	1922	1923	1924
North Lodge, ...	26	38	26
Coltness, ...	142	—	-
Jerviston, ...	—	144	74
Slum Clearance, ...	—	—	130
Others, ...	2	18	68
	170	200	298

NEW HOUSES FOR WHICH TENDERS WERE APPROVED.

	1922	1923	1924
Coltness, ...	18	—	—
Various sites, chiefly Craigneuk (Slum Clearance Scheme), ...	—	98	—
Others, ...	—	18	—
Jerviston, ...	50	—	88
	68	116	88
NEW HOUSES for which offers were received, ...	—	—	56
NEW HOUSES for which plans were in course of preparation, ...	—	—	332

OVERCROWDING.

Prosecutions for overcrowding under the Public Health Acts were in abeyance during the period owing to the scarcity of houses. Knowledge of this fact undoubtedly tends to make the slum population herd together in ever more crowded conditions, and, in particular, assists the growing tendency for families to live in sub-let rooms. It is a matter for consideration whether the time has not arrived to recommence prosecutions and deal with the worst offenders.

	1921	1924
Estimated number of families in sub-let rooms, ...	2872	3300

(See Preface, pages 8-9).

SECTION VII.

GENERAL SANITATION

MOTHERWELL PUBLIC BATHS.

Having received complaints as to the condition of the water in the swimming pond of the Public Baths in October, 1922, I had a sample of water taken from the pond two feet below the surface, for analysis, chemically and bacteriologically, at the County Laboratory, Hamilton.

CHEMICAL ANALYSIS.—The Chemist, after giving the analysis in detail, reported as follows:

> "The sample as received was distinctly bluish opalescent, with a few particles of greyish fibrous matter deposited."

> "The analysis shews that this water contains a very considerable quantity of unoxidised nitrogenous matter: compared with an average analysis of the domestic supply it will be seen that the Chlorine content is about three times greater, while the total Ammonia has increased by almost 30 times."

BACTERIOLOGICAL REPORT. The report from the Bacteriologist similarly indicated a considerable degree of contamination of the water.

He reported that B. Coli was present in 0.1 c.c. of the water of the swimming pond, while it was absent from 1 c.c. of the water supply to the Baths. His report bore also the following:

> "The deposit from the pond, and filter water obtained by centrifugalising, shewed many infusoria, while no deposit was obtained from the water supply to the Baths. It is apparent that the filters are not working and are badly contaminated."

Acting in co-operation with the Superintendent of the Baths and the Burgh Surveyor, I took up the matter with the makers of the plant, and as a result of information obtained from them the purifying plant was put into better working order. Subsequent tests shewed the water to be very much more pure. Thus, a later report from the Bacteriologist on the water from the pond shewed B. Coli absent from 0.1 c.c.—a very high standard for swimming bath water.

The water also improved very greatly in appearance and became, indeed, perfectly clear.

In order to assist in this result we endeavoured, by communicating with the various clubs using the pond to secure their co-operation in ensuring a higher standard of personal cleanliness on the part of each bather. Notices were posted referring to the necessity of personal ablution and attention to other matters before entering the pond. The improvement resulting was, as shown above, very satisfactory.

THEATRES, MUSIC HALLS, CINEMAS, BILLIARD ROOMS, ETC.

Inspection was carried out regularly under the Bye-Laws.

Various improvements in cleanliness and amenity were brought about in the condition of these places. In Billiard Rooms attention was given to the practice of spitting. A report was made to the Court in several cases, and the proprietors were ordered by the Magistrates to take the necessary measures to prevent spitting on the floors, and to keep their places thoroughly clean. Notices warning against spitting on the floors were posted in many Billiard Rooms, and in all cases a proper provision of spitoons was secured.

VENTILATION. Clause 26 (6) of the Bye-Laws reads as follows: "No premises shall be deemed to be adequately ventilated under these Bye-Laws, the atmosphere of which, upon an average of three samples taken by the Medical Officer of Health, or any other officer authorised by him, is shewn to contain an amount of carbon dioxide gas exceeding 10 parts per 10,000."

Complaints having been received in the year 1924 as to the atmospheric conditions in two of the Picture Houses, samples of the air of these houses were taken, and found to average, over three samples, in case (a), 16.3 parts Carbonic Acid Gas per 10,000, and in case (b), 22.4 parts per 10,000.

Towards the close of 1924, the Court ordered the proprietors of those places to take such measures as might be necessary to bring the ventilation of their premises into conformity with the Bye-Laws, and to report in three months' time.

STERILISATION OF DRINKING VESSELS IN PUBLIC HOUSES.

In connection with the licensing of premises for the sale of exciseable liquors, the Licensing Court in March, 1924, recommended license holders to instal gas sterilisers for drinking glasses in their public houses, in accordance with information submitted by the Medical Officer of Health. The Steriliser recommended is made by the Richmond Gas Stove and Meter Co., Warrington, is fitted up alongside the usual public house sink, and costs about £6 each. At the close of the year, one license holder had installed the Steriliser and had found it convenient and efficient in use. The cleanliness and appearance of the glasses was also greatly improved, the glasses being found to have a highly polished appearance after drying without any polishing towel being used.

MILK SUPPLY.

Grade "A" Milk, or Clean Tuberculin Tested Milk.

Towards the end of the year 1921, enquiries were made regarding the possibility of obtaining a pure milk supply for the municipal hospitals, and in March, 1922, an offer for the supply to the hospitals of Grade "A" milk from a tuberculin tested herd was accepted by the Town Council. This was certainly the first effort of its kind made by any of the Local Authorities of the neighbourhood to encourage the production and sale of clean milk, free from Tuberculosis. This milk is still supplied to the hospitals, and has always been found to be of the highest quality (3.5 to 4 per cent. butter fat) and invariably clean, and therefore safe and economical.

GRADE "A" CERTIFIED MILK. About the same time in 1922, Grade "A" Certfiied Milk, that is, clean, tuberculin-tested milk, bottled on the farm, was put into the local market by Lord Hamilton of Dalzell, and during the period under review sales greatly increased.

MILK AND DAIRIES AMENDMENT ACT, 1922.

The regulations made under this Act changed the designations of the above-mentioned grades of milk to Grade "A" (Tuberculin Tested) Milk, and Certified Milk respectively. The Act also introduced other designations for milk produced or treated in various ways, e.g., Pasteurised Milk and Grade "A" Milk (that is, milk conforming to a certain bacterial standard). No license for the sale of either of these latter grades of milk has been taken out in this area.

BYE-LAWS. The opportunity provided by the passing of the Act of 1922 was taken to overhaul the Bye-Laws regulating the sale of milk within the Burgh. These Bye-Laws were made in 1897 and were in some respects out of date. The following additions were made to the Bye-Laws:—

Clause 15 (2).—"A person following the trade of cow-keeper or dairyman shall cause all vessels used for the conveyance of milk from a distance to be carefully washed out and made thoroughly clean before being returned to the consigners. This washing process shall be done in premises approved by the Local Authority, and as soon as practicable after the vessels are emptied of milk; and the vessels shall not be set down to dry on the pavement or public street or elsewhere where dust or other material may enter them."

Clause 18.—"Milk shall not be transferred from one vessel to another except in premises approved by the Local Authority, or under conditions previously approved of by the Medical Officer of Health. For the purpose of this regulation the following exceptions shall be allowed: (a) the transfer of milk from a vessel of a retailer by means of a measure to a vessel of the purchaser or consumer, and (b) the transfer of milk from any vessel borne on a vehicle to a selling vessel borne on the same vehicle."

Clause 20.—"All milk when exposed for sale by retail, and any measure or utensil used in the sale or distribution or delivery of milk, whether by wholesale or by retail, shall be adequately protected from contamination by dust or flies."

These Bye-Laws although approved by the Scottish Board of Health have not yet come into operation, owing to the fact that fresh legislation on this subject is anticipated during the present year.

FOOD POISONING.

In two instances of suspected food poisoning during the period, materials were sent for bacteriological examination in accordance with the regulations of the Scottish Board of Health, and reports were made to the Board. The first was a fatal case occurring on 16th October, 1923. The question as to whether food poisoning was present was doubtful in this case, as no other persons were affected. The suspected article of food was fried fish. No positive findings were obtained by bacteriological examination.

In the second instance, occurring in September, 1924, a family of ten persons and another family of two persons were made sharply ill with symptoms of vomiting, diarrhoea and high

temperature, as a result of eating an article of food known as meat roll. All the affected persons recovered. No portion of the actual food consumed was obtainable, and bacteriological examination was perforce confined to (a) vomit and excreta of affected persons, and (b) meat roll which had been made up as part of the same batch as that suspected. Bacteriological examination of these materials did not yield results of any interest.

FACTORIES AND WORKSHOPS ACT, 1901.

No. of Workshops on Register.			No. of Bakehouses on Register.			No. of Visits made.		
1922	1923	1924	1922	1923	1924	1922	1923	1924
130	134	142	21	21	23	230	214	166

REGISTERED WORKSHOPS.

	1922	1923	1924
Tailors, ...	20	19	20
Tailors and Dressmakers, ...	2	2	—
Tailors, Dressmakers and Milliners, ...	6	4	—
Dressmakers and Milliners, ...	—	—	28
Dressmakers, ...	11	7	—
Milliners, ...	7	12	—
Plumbers, ...	14	14	—
Cabinetmakers and Upholsterers, ...	6	6	7
Bakers and Sconebakers, ...	21	21	23
Saddlers, ...	4	4	3
Watchmakers, ...	11	11	12
Cycle Repairers, ...	2	2	7
Picture Framers, ...	1	1	—
Boot Repairers, ...	18	19	33
Underclothing, ...	3	5	4
Others, ...	4	7	5
Total, ...	130	134	142

SECTION VIII.

HOSPITALS

The Hospitals belonging to the Burgh are:—

(a) Burgh Hospital, Motherwell, for Infectious Diseases.
(b) Wishaw Hospital, for Tuberculosis.
(c) Maternity Home, Motherwell.

Reports are given below on the Hospitals for Infectious Diseases and Tuberculosis. A report on the Maternity Home will be found on page 31.

(a) Report on Burgh Hospital, Motherwell

SCARLET FEVER.

	1922	1923	1924
Average duration of residence of all cases discharged, ...	49	55	53 days.
Longest duration of residence, ...	160	214	139 days.
The shortest duration of residence (excluding fatal cases), ...	21	18	4 days.

TYPE OF DISEASE.

	1922	1923	1924		1922	1923	1924
Septic, ...	9	13	17	Deaths, ...	2	4	8
Malignant, ...	6	2	4	Deaths, ...	5	2	4

ALTERED DIAGNOSIS (excluding doubtful cases).

	1922	1923	1924
Probable Erythema Scarlatinaforme, ...	1	—	—
Desquamation of Skin, ...	—	1	—
Acute Tonsillitis, ...	2	1	1
Faucitis with rash, ...	1	—	1
Pyrexia of doubtful origin, ...	—	—	1

MOTHERWELL BURGH HOSPITAL—ADMISSIONS, DISCHARGES, ETC., 1922-1924.

Diseases.	Cases Admitted.			Cases Discharged.			Cases Died.			Cases Remaining in Hospital at end of Year.			
	1922	1923	1924	1922	1923	1924	1922	1923	1924	1921	1922	1923	1924
Scarlet Fever, ...	331	294	305	346	291	293	7	5	12	68	46	44	44
Diphtheria, ...	98	101	130	92	101	129	2	3	8	11	15	12	5
Enteric Fever, ...	12	10	2	10	11	3	—	—	—	1	3	2	1
Cerebro Spinal Fever, ...	4	6	4	3	5	5	1	—	—	—	—	1	—
Puerperal Fever, ...	7	11	13	6	9	12	2	—	2	1	—	1	—
Erysipelas, ...	7	—	8	8	—	8	—	—	—	1	—	—	—
Ophthalmia Neonatorum, ...	—	2	3	—	1	4	—	—	—	—	—	1	—
Pneumonia, ...	48	50	100	38	43	74	8	7	16	2	4	5	15
Enteritis and Malnutrition,	36	43	35	29	40	38	3	—	4	2	6	9	2
Measles, ...	—	—	2	—	—	2	—	—	—	—	—	—	—
Dysentery, ...	—	1	—	—	1	—	—	—	—	—	—	—	—
Encephalitis Lethargica, ...	—	—	4	1	0	4	—	—	—	1	—	—	—
Pulmonary Tuberculosis, ...	—	—	—	8	—	—	—	—	—	8	—	—	—
	543	518	606	541	502	572	23	15	42	95	74	75	67

SCARLET FEVER (Continued)—

MIXED INFECTION.
1924.

Notified as—	Proved to be—
Scarlet Fever and Diphtheria,	Diphtheria.
Scarlet Fever and Erysipelas,	Scarlet Fever and Cellulitis of face from Septic wound.

COMPLICATIONS.

	1922	1923	1924
Renal—			
Acute Nephritis,	12	11	7
Albuminuria,	5	3	—
Cardiac—			
Functional,	4	—	2
Vulvular,	2	—	1
Ear, Nose and Throat—			
Suppurative Otitis Media,	27	15	23
Non Suppurative Otitis Media,	—	—	1
Chronic Otorrhoea on admission,	4	5	7
Rhinorrhoea,	25	52	26
Adenitis, Secondary Tonsillitis,	14	14	9
Adenitis,	18	12	9
Mastoid Disease,	1	3	2
Joints—			
Arthritis,	4	3	4
T.B. Joint and Sinuses,	—	1	2
Eye—			
Conjunctivitis,	1	1	2
Blepharitis,	2	1	—
Septic—			
Alveolar Abscess,	10	1	2
Septicaemia,	19	—	1
V.D.,	—	—	1
Ulcerative Stomatitis,	—	3	—
Jaundice and Oral Sepsis,	—	2	2
Cervical Gland Abscess,	—	5	12
Empyema,	—	2	—
Skin—			
Eczema,	3	2	1
Herpes on face,	—	5	1
Septic Onychia,	—	5	6

	1922	1923	1924
Ulcers,	—	5	5
Coryza,	—	1	1
Septic Spots,	—	—	1
Ringworm,	—	—	1
Impetigo,	1	2	—
Psoriasis,	1	—	—
Scrofuloderma,	1	—	—
Purpura from Anaemia, Secondary Adenitis,	—	—	1
Scabies,	—	1	—
Others—			
Burn,	1	—	1
Mucinuria,	—	—	1
Septic Pneumonia,	—	—	1
Mastoid Operations—	—	3	2
			incl. 1 Radical opn.
RE-INFECTION -	4	3	6
RETURN CASES—	4	6	—

RECORD OF OTITIS MEDIA IN SCARLET FEVER WARDS - 1919-1924 (6 Year Period).

	Total Cases of Scarlet Fever	Suppurative Otitis Media dry 7 days on dismissal	Suppurative Otitis Media not dry on dismissal	Non-Suppurative Otitis Media	Chronic Otorrhoea on admission & dismissal	Otorrhoea on admission dry on dismissal
1919	94	9	1	1	1	—
1920	168	5	—	2	5	—
1921	467	14	1	3	6	1
1922	340	14	6	2	5	1
1923	302	11	1	—	5	—
1924	306	16	7	1	4	2
Total,	1677	69	16	9	26	4

Incidence of Suppurative Otitis Media cases in this series (excluding cases of Otorrhoea on admission): -

1919-1923. ... 4.6 per cent. Average, 1919-1924,
Year 1924, ... 7.5 per cent. 5.07 per cent.

Year.	MASTOID OPERATIONS.	No.
1919	... ...	—
1920	... ...	—
1921	... ...	1
1922	... ...	1
1923	... ...	3
1924	... ...	2
		7

PNEUMONIA.

	Cases.			Deaths.		
	1922	1923	1924	1922	1923	1924
Acute Broncho Pneumonia, ...	3	6	23	—	1	3
Acute Lobar Pneumonia, ...	17	27	53	3	2	8
Acute Primary Pneumonia, (unclassified), ...	9	12	19	1	—	4
Acute Influenzal Pneumonia, ...	14	2	—	4	2	—
Pneumonia following Measles, ...	—	2	3	—	1	—
Pneumonia following Whooping Cough, ...	—	1	2	—	1	—
	43	50	100	8	7	15

COMPLICATIONS AND COEXISTENT DISEASES.

1922	1923	1924
Tuberculosis.	Pleurisy.	Chronic Otorrhoea.
Pleurodynia.	Exophthalmic Goitre & Pleurisy.	Chronic Eczema of Nipple and Areola.
Haemoptysis.	Enteritis.	Burns.
Albuminuria.	Empyema.	Pyorrhoea.
Empyema.	Bacilluria.	Empyema.
Ulcers, Cellulitis, and Septicaemia.		Ulnar Paresis, Large sloughing bed-sore.
Ulcers,		Alveolar Abscess.
Abscesses.		Secondary Follicular Tonsillitis.
Appendicitis,		Double Otitis Media.
Cancrum, Oris.		Secondary Tonsillitis.
		Purulent Gingivitis.
		Malaria.
		Abdominal Tuberculosis.

ALTERED DIAGNOSIS.

	Cases.			Deaths.		
	1922	1923	1924	1922	1923	1924
Pneumonoccal Meningitis, ...	—	—	2	—	—	2
Enteric Fever, ...	—	3	—	—	—	—
Acute Bronchitis, ...	3	—	2	—	—	—
General Tuberculosis, ...	—	1	—	—	—	—
Alimentary Toxaemia, ...	1	—	1	—	—	—
Unknown Toxaemia, ...	—	—	1	—	—	—
Influenza, ...	1	—	—	—	—	—
Cellulitis, ...	1	—	—	—	—	—
T.B. Meningitis, ...	—	—	1	—	—	1
Acute Nephritis, ...	—	1	—	—	—	—
	6	5	7	—	—	3

	1922	1923	1924
Average duration of residence of cases discharged well was, ...	42	41	39 days.
The longest duration of residence, ...	130	191	83 days.
The shortest duration of residence of cases discharged, ...	11	15	12 days.

Operations were performed for Appendix, Abscess, ... 1 case.
Empyema (Rib resection), ... 6 cases.

TABLE SHEWING PROGRESS OF HOSPITAL TREATMENT OF PNEUMONIA.

Year.	Verified Cases treated in Motherwell Hospital.	Verified Cases died in Motherwell Hospital.
1919 ...	7 ...	... 4
1920 ...	28 ...	... 6
1921 ...	25 ...	... 1
1922 ...	32 ...	... 5
1923 ...	50 ...	... 7
1924 ...	100 ...	... 15

Mortality Rate per cent. of admission

Average, 3 years, 1919-21, ... 25.0 per cent.
Average, 3 years, 1922-24, ... 14.8 per cent.

DIPHTHERIA.

	1922	1923	1924
Average duration of residence (days), ...	34	37	36
Longest duration of residence (days), ...	82	80	77
Shortest duration of residence (days), ...	12	20	13
TYPE OF DISEASE—			
Faucial Diphtheria, ...	58	66	84
Laryngeal Diphtheria, ...	12	2	6
Faucial and Laryngeal Diphtheria, ...	9	5	10
Faucial and Nasal, ...	5	3	2
Faucial, Laryngeal and Nasal Diphtheria,	1	1	1
Malignant Diphtheria, ...	4	1	8
CORRECTED DIAGNOSIS—			
Acute Suppurative Tonsillitis, ...	1	—	1
Acute Tonsillitis (follicular or ulcerative),	3	4	—
Measles, ...	1	—	1
Ulcerative Faucitis, ...	2	1	3
Scarlet Fever, ...	2	2	—
Doubtful Cases, ...	—	—	2
CROSS INFECTION—			
Contracted Scarlet Fever, ...	1	1	—
TRACHEOTOMY—	2	1	1
DEATHS—			
Faucial and Nasal Diphtheria, Rickets, Heart Failure, ...	—	—	1
Malignant Diphtheria, followed by Paralysis of Heart, ...	1	1	1
Faucial and Laryngeal Diphtheria, Asphyxia Livida, ...	—	—	1
Faucial, Laryngeal and Tracheal Diphtheria, Tracheotomy, Cardiac failure 14 days later, ...	1	—	—
Faucial and Laryngeal Diphtheria, early Cardiac Paralysis, ...	—	—	1
Laryngeal Diphtheria, ...	—	2	3
Fatality Rate of the cases treated to a termination was, ...	2.03%	3%	6%
COMPLICATIONS—			
Paralysis of Palate, ...	2	3	3
Paralysis of Heart, ...	3	5	9
Paralysis of Palate and Ciliary Muscle, ...	1	—	1
Paralysis of Palate and Lower Limbs, ...	—	1	—
Paralysis of Palate & Pharyngeal Muscles,	—	—	1
Paralysis of Lower Limbs, ...	—	1	—

	1922	1923	1924
Serum Rash,	2	4	3
Albuminuria,	1	1	2
Ulcerative Faucitis,	1	—	2
Ulcers,	1	—	—
Recurrent Diphtheria,	1	—	—
Bronchitis,	1	1	—
Rhinitis,	—	5	2
Scabies,	—	1	—
Impetigo,	—	1	1

ENTERIC FEVER.

Cases admitted as Enteric Fever,	12	9	4
Cases verified as Enteric Fever,	8	8	3
Deaths among verified cases,	—	—	—
Average duration of residence (days),	43	38	59

CORRECTED DIAGNOSIS

Gastritis,	—	1	—
Encephalitis Lethargica,	—	1	—
Pyelitis,	1	—	—
Appendicitis,	1	—	—
Doubtful,	2	—	—

DYSENTERY.

Admitted,	—	1	—
Duration of residence (days),	—	12	—

ERYSIPELAS.

Cases admitted as Erysipelas,	6	—	9
Cases verified as Erysipelas,	5	—	8
Facial Type,	5	—	8
Average duration of residence (days),	26	—	20

CORRECTED DIAGNOSIS

Periadenitis,	1	—	—
Cellulitis of Leg,	—	—	1
Complications,	—	—	—
Boils,	—	—	—
Cellulitis,	—	—	—
Dakruocystitis,	—	—	—

CEREBRO SPINAL FEVER.

	1922	1923	1924
Cases admitted as possible Cerebro Spinal Fever, ...	7	7	4
Cases verified as Cerebro Spinal Fever, ...	1	—	1
Deaths among verified cases, ...	1	—	1

One of the cases was proved to be Type IV. of the disease and died 31 days after admission. The other verified case died 2 days after admission.

Univalent Serum could not be obtained for treatment. Multivalent Serum yielded no good result in these cases.

CORRECTED DIAGNOSIS—			
Tuberculous Meningitis, ...	6	—	—
Septic Meningitis following Otitis Media (contracted after Whooping Cough),	1	—	—
Rheumatic Meningitis, ...	3	—	—
Pneumococcal Meningitis, ...	2	—	—
Encephalitis Lethargica, ...	3	—	—
Pneumonia and Convulsions, ...	1	—	—
Tetanus, ...	1	—	—
Meningismus, ...	1	—	—

ENCEPHALITIS LETHARGICA.

Four cases were admitted during 1924 and all recovered. Average duration of residence, 23 days.

PUERPERAL FEVER.

	1922	1923	1924
Cases admitted, ...	9	12	12
Deaths, ...	2	5	1
Average duration of residence (days), . .	19	26	29
TYPE OF DISEASE—			
Septicaemia, ...	2	1	2
Pyaemia, ...	—	1	—
Sapraemia, ...	4	1	5
General Peritonitis, ...	—	1	—
Pelvic Peritonitis or Cellulitis, ...	1	3	2
Incomplete Abortion, ...	—	4	3
Phlegmasia Alba Dolens, ...	1	1	—

CORRECTED DIAGNOSIS

	1922	1923	1924
Acute Influenzal Pneumonia, ...	1	—	—
Mortality Rate (average 3 years), ...	24%		

TREATMENT

Curettage of Uterus was performed in 17 cases.

ENTERITIS, MALNUTRITION, ETC.

These cases were admitted under the Child Welfare Scheme, and were all cases referred from the Child Welfare Consultations for Hospital treatment. Cases were admitted only where it was considered impossible for the child to recover under home conditions and treatment.

The severe nature of these cases and the fact that most of them were young infants entailed a very large additional amount of work by the Hospital staff. The results obtained were considered to justify amply the provision made.

Enteritis cases were mostly of Fermentative Diarrhœa type These were latterly treated by Finkelstein's Protein Milk method of feeding, and this was followed, as soon as conditions allowed, by the Truby King humanised milk and other feeding. These methods in combination have given the best results of all the various methods which have so far been tried in this Hospital: and considering the very difficult nature of the cases, the degree of success obtained has been striking.

	Cases Admitted.			Deaths.		
	1922	1923	1924	1922	1923	1924
Enteritis, ...	28	39	29	3	2	3
Malnutrition, associated with various conditions, ...	8	7	5	—	3	2
	36	46	34	3	5	5
Cases having gross signs of Rickets in addition, ...	9	17	11	—	—	—

Ages of Cases Admitted.	1922	1923	1924
Under 1 year, ...	20	20	22
1 to 2 years, ...	12	17	9
2 to 5 years, ...	4	9	3
Average duration of residence (days),	—	64	42

Other conditions present in the Malnutrition cases were —

Rickets (very commonly).
Bronchitis (common).
Measles.
Whooping Cough.
Tuberculosis.
Convulsions.
Meningitis.
Adenitis.
Stomatitis.
Septic Phymosis.
Pylorospasm (common).
Pyloric Stenosis (4 cases).
Bullous Dermatitis (2 cases).
Tapeworm.
Cardiac Insufficiency.
Abscesses.
Otorrheoa.

Pyloric Stenosis accounted for 4 of the deaths.

In 1924, the number of these cases admitted had perforce to be restricted owing to the increase of Pneumonia cases admitted to the Hospital.

OPHTHALMIA NEONATORUM.

	1922	1923	1924
Cases admitted, ...	—	2	1
Average duration of residence (days), ...	—	—	12

STAFF ILLNESSES.

Members of the Nursing and Domestic Staff were admitted to Hospital on account of the following illnesses:—

	1924
Tonsillitis, ...	8
Measles, ...	1
Pneumonia, ...	1
Septicaemia from Pyorrheoa, ...	1

The average duration of residence in the Tonsillitis cases was 5 days.

The case of Septicaemia, a nurse, died after five days' illness.

MOTOR AMBULANCE. At the close of the year 1922 a new motor ambulance was provided for the removal of patients to Hospitals. The ambulance, built to a special design on a 20 h.p. Austin chassis, has proved to be very efficient in use.

HOSPITAL ADDITIONS. In 1923, an addition of nine nurses' bedrooms was made to the administrative block, and the coach-house was extended and made suitable for a garage.

In 1924, a scheme of Hospital extension was commenced, including the building of an Isolation Pavilion of 20 beds, a Medical Superintendent's house, and a gate-house block embodying Caretaker's House and Enquiry Room. These extensions were required in order to deal adequately with Infectious Disease cases from the Wishaw area, and also with the great increase of Pneumonia cases. The buildings had not been completed by the end of 1924.

(b) Report on Tuberculosis Hospital, Wishaw

Pulmonary—	Males.			Females.		
	1922	1923	1924	1922	1923	1924
In Hospital, ...	14	23	19	13	17	19
Admitted, ...	50	38	33	46	47	46
Discharged, ...	31	33	26	35	34	38
Died, ...	10	9	10	7	11	9
In Hospital at end of year, ...	23	19	16	17	19	18

Other Forms	Males.			Females.		
	1922	1923	1924	1922	1923	1924
In Hospital, ..	7	13	11	6	9	11
Admitted, ...	25	18	23	24	20	22
Discharged, ...	16	18	17	20	14	18
Died, ...	3	2	4	1	4	2
In Hospital at end of year, ...	13	11	13	9	11	13

Total (All Forms)—	1922	1923	1924
In Hospital, ...	40	62	60
Admitted, ...	145	123	124
Discharged, ...	102	99	99
In Hospital at end of year,	62	60	60

	1922	1923	1924
Pulmonary Tuberculosis cases admitted for first time, ...	80	68	72
Pulmonary cases re-admitted, ...	16	17	7
Non-Pulmonary cases admitted for first time, ...	48	34	41
Non-Pulmonary cases re-admitted, ...	1	4	4

PULMONARY CASES.

CLASSIFICATION ON ADMISSION.

Under 10 Years.

Males.			Females.		
1922	1923	1924	1922	1923	1924
13	6	5	11	11	15

Stage.			Stage.		
1922	1923	1924	1922	1923	1924
A B C	A B C	A B C	A B C	A B C	A B C
4 3 5	1 3 1	2 3 -	2 2 6	2 2 4	2 10 3
1 suspicious.	1 suspicious.		1 suspicious.	3 suspicious.	

Over 10 Years.

Males.		Females.	
1923	1924	1923	1924
32	28	36	31

Stage.		Stage.	
1923	1924	1923	1924
A B C	A B C	A B C	A B C
- 4 27	2 6 20	1 6 25	1 10 20
1 suspicious.		4 suspicious.	

DIAGNOSIS REVISED.

Males.	1923	1924	Females.	1923	1924
Neurasthenia, ...	—	1	Mitral Incompetence,	2	—
Gastric Ulcer, ...	—	1	Mitral and Aortic Incompetence, ...	1	—
			Nephritis, ...	1	—

AGE PERIOD AND SEX.

	Males.			Females.		
	1922	1923	1924	1922	1923	1924
Under 1 year, ...	1	—	—	—	—	—
1 but under 2 years,	1	—	1	2	2	2
2 ,, ,, 5 ,,	6	1	1	4	1	4
5 ,, ,, 10 ,,	5	5	3	5	8	9
10 ,, ,, 15 ,,	2	1	1	10	10	7
15 ,, ,, 20 ,,	2	4	3	3	4	1
20 ,, ,, 25 ,,	7	5	6	3	1	7
25 ,, ,, 30 ,,	6	4	2	4	5	2
30 ,, ,, 35 ,,	4	4	3	7	2	4
35 ,, ,, 40 ,,	6	1	4	3	4	5

	Males.			Females.		
	1922	1923	1924	1922	1923	1924
40 but under 45 years,	3	5	4	4	4	2
45 ,, ,, 50 ,,	3	1	1	1	3	1
50 ,, ,, 55 ,,	3	3	3	—	2	1
55 ,, ,, 60 ,,	—	1	—	—	—	1
60 ,, ,, 65 ,,	1	1	—	—	1	—
65 ,, ,, 70 ,,	—	2	—	—	—	—
70 ,, ,, 75 ,,	—	—	1	—	—	—
	50	38	33	46	47	46

CONDITION ON DISCHARGE.

Year.	Quiescent. M	Quiescent. F	Much Improved. M	Much Improved. F	Improved. M	Improved. F	Stationary. M	Stationary. F	Worse. M	Worse. F
1922,	10	21	12	5	5	8	3	—	1	2
1923,	15	19	8	7	5	4	5	3	—	1
1924,	15	20	5	11	3	4	1	2	2	1

	1922	1923	1924
Average duration of residence of these patients (days),	118.6	133.7	172.6

DIED.

	Males. 1922	Males. 1923	Males. 1924	Females. 1922	Females. 1923	Females. 1924
Under 2 years,	—	—	—	1	—	—
,, 5 ,,	1	—	—	—	1	—
,, 10 ,,	1	—	—	1	1	—
,, 15 ,,	—	—	—	1	—	1
,, 20 ,,	—	1	—	—	1	1
,, 25 ,,	1	3	4	1	—	1
,, 30 ,,	—	1	2	—	4	1
,, 35 ,,	2	2	2	1	—	—
,, 40 ,,	—	1	1	1	1	—
,, 45 ,,	—	—	1	1	2	4
,, 50 ,,	2	—	—	—	—	—
,, 55 ,,	1	—	—	—	1	—
,, 60 ,,	1	—	—	—	—	1
,, 65 ,,	1	—	—	—	—	—
,, 70 ,,	—	1	—	—	—	—
	10	9	10	7	11	9

	1922	1923	1924
Average duration of residence of these patients (days),	108	59.26	63.6

NON-PULMONARY CASES.

AGE PERIOD AND SEX.

	Males.			Females.		
	1922	1923	1924	1922	1923	1924
Under 1 year, ...	3	1	1	2	—	1
1 but under 2 years,	3	1	5	3	3	4
2 ,, ,, 5 ,,	9	2	4	6	2	7
5 ,, ,, 10 ,,	6	2	2	6	5	8
10 ,, ,, 15 ,,	2	4	6	1	2	—
15 ,, ,, 20 ,,	1	2	4	4	4	1
20 ,, ,, 25 ,,	—	3	—	—	—	—
25 ,, ,, 30 ,,	1	2	—	—	2	—
30 ,, ,, 35 ,,	—	1	1	—	2	1
35 ,, ,, 40 ,,	—	—	—	2	—	—
	25	18	23	24	20	22

LOCAL LESIONS.

	1922			1923			1924		
	M		F	M		F	M		F
Abdomen, ...	16	...	13	7	...	9	11	...	12
Bones and Joints,	6	...	5	7	...	6	6	...	4
Spine, ...	2	...	1	1	...	2	1	...	1
Glands, ...	1	...	5	1	...	3	2	...	4
Other, ...	—	...	—	2	...	—	2	...	2

PATIENTS DISCHARGED.—THE LESIONS AND CONDITIONS ON DISCHARGE WERE:—

Well.

	Males.			Females.		
Lesion.	1922	1923	1924	1922	1923	1924
Abdomen, ...	10	8	5	9	6	7
Bones and Joints,	2	3	4	4	1	5
Spine, ...	1	—	1	—	—	—
Skin, ...	—	—	—	—	—	—
Glands, ...	—	—	3	—	2	3
Other, ...	—	2	1	3	—	1
	13	13	14	16	9	16

IMPROVED.

LESION.	MALES. 1922	1923	1924	FEMALES. 1922	1923	1924
Abdomen, ...	—	—	—	—	1	2
Bones and Joints,	—	2	1	1	2	—
Spine, ...	1	2	1	—	1	—
Skin, ...	1	—	—	—	—	—
Glands, ...	—	—	—	1	—	—
Other, ...	—	—	1	—	—	—
	2	4	3	2	4	2

WORSE.

LESION.	MALES. 1922	1923	1924	FEMALES. 1922	1923	1924
Abdomen, ...	1	—	—	2	1	—
Bones and Joints,	—	1	—	—	—	—
Spine, ...	—	—	—	—	—	—
Skin, ...	—	—	—	—	—	—
Glands, ...	—	—	—	—	—	—
Other, ...	—	—	—	—	—	—
	1	1	—	2	1	—

	1922	1923	1924
Average duration of residence of those discharged (days), ...	130.22	216	228.2

DEATHS.

	M	1922	F	M	1923	F	M	1924	F
Abdominal Cases, ...	3	...	1	2	...	4	3	...	2
Multiple Bone Disease,	—	...	—	—	...	—	1	...	—
	3	...	1	2	...	4	4	...	2

AGES—	2		5		10		15		20		25		30	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Year 1922,	2	-	-	1	-	-	-	-	-	-	-	-	1	-
Year 1923,	1	-	1	1	-	2	-	-	-	-	-	-	-	1
Year 1924,	1	1	-	1	-	-	-	-	2	-	1	-	-	-
	4	1	1	3	-	2	-	-	2	-	1	-	1	1

LIGHT THERAPY.

In March, 5 open carbon arc lamps of 10 amps, arranged in series, were installed in the side room of Pavilion No. 2, and have proved a valuable form of treatment.

The treatment is given forenoon and afternoon, in sessions of three hours' duration. Ten patients can be accommodated at each session.

The general condition of all the patients treated showed rapid improvement, even when the local lesion only improved slowly. Glandular enlargement, whether cervical, abdominal, or intra-thoracic, responded rapidly to this treatment. Lupus yields as it has done to no other form of treatment: a soft pliable skin resulting. Disease of bones and joints respond more slowly.

Three Pulmonary cases with laryngeal involvement were treated with considerable benefit as regards the laryngeal symtoms, but with no benefit to the pulmonary condition.

In all, 50 patients received treatment.

Cervical Glands.	Abdominal.	Bones and Joints.	Skin.
7	17	14	3

Hilus.	Laryngeal.	Subcutaneous.
4	3	2

Average duration of treatment, ... 6 months.

X-RAY DEPARTMENT. TUBERCULOSIS

(For X-Ray work in Child Welfare categories see page 49).

DIAGNOSIS FOR MEDICAL PRACTITIONERS.

	1922	1923	1924
Exp. of Chest, ...	19	21	15
Fractures, ...	8	—	6
Suspected Bone Disease,	12	15	14
Pelvic Condition, ...	5	4	—

	1922	1923	1924
Examinations made in Hospital and Dispensary patients, ...	436	420	530

TREATMENT.

	M-1922-F		M-1923-F		M-1924-F	
Adenitis, ...	7	17	10	20	12	21
Bones, ...	—	3	4	6	7	9
Skin, ...	—	—	—	—	4	3
Goitre, ...	—	1	—	—	—	—
Lupus, ...	2	3	—	—	—	—
Psoriasis, ...	—	2	—	—	—	—
Total, ...	35		40		56	

COST OF TREATMENT OF PATIENTS IN BURGH HOSPITALS FOR YEAR ENDED 15th MAY, 1924.

INFECTIOUS DISEASES HOSPITAL, MOTHERWELL.

Ordinary Nett Expenditure, excluding Interest and Sinking Fund Charges (as per Treasurer's Statement), ...	£8921	0	0
Average Daily Number of Patients, ...	72		
Average Daily Expenditure.	24	12	0
Average Daily Cost per patient, ...	0	6	10
Average Cost of Treatment per Patient, ...	14	15	0
Average Cost of Treatment of Case of—			
Scarlet Fever, ...	18	2	2
Diphtheria, ...	12	6	0
Pneumonia, ...	13	6	0
Enteric Fever, ...	20	3	2
Erysipelas, ...	6	16	8
Encephalitis Lethargica, ...	7	17	2
Puerperal Fever, ...	9	18	2
Enteritis, ...	14	7	0

TUBERCULOSIS HOSPITAL, WISHAW.

Ordinary Nett Expenditure, excluding Interest and Sinking Fund Charges (as per Treasurer's Statement), ...	£8718	18	9
Average Daily Number of Patients, ...	63		
Average Daily Expenditure, ...	23	17	9
Average Daily Cost per Patient, ...	0	7	7
Average Cost of Treatment per Patient, ...	75	16	8
Average Cost of Treatment of Case of Pulmonary Tuberculosis, ...	65	4	0
Average Cost of Treatment of Case of Non-Pulmonary Tuberculosis, ...	86	9	0

MATERNITY HOME, MOTHERWELL.

Ordinary Nett Expenditure, excluding Interest and Sinking Fund Charges (as per Treasurer's Statement), ...	£2267	0	0
Less Receipts, ...	278	12	6
	£1988	7	6